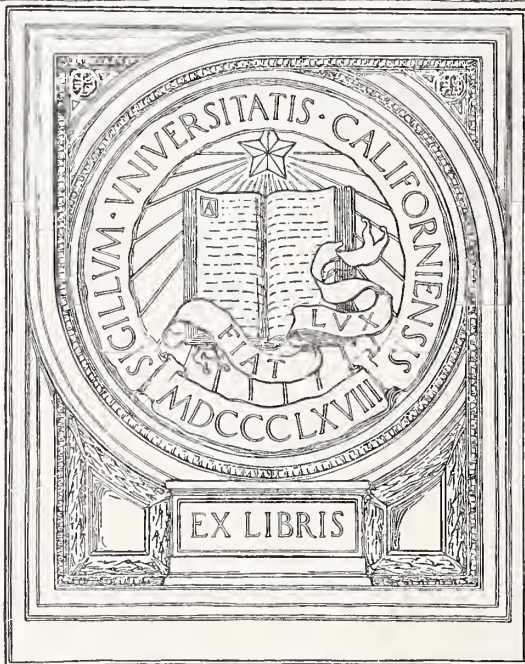




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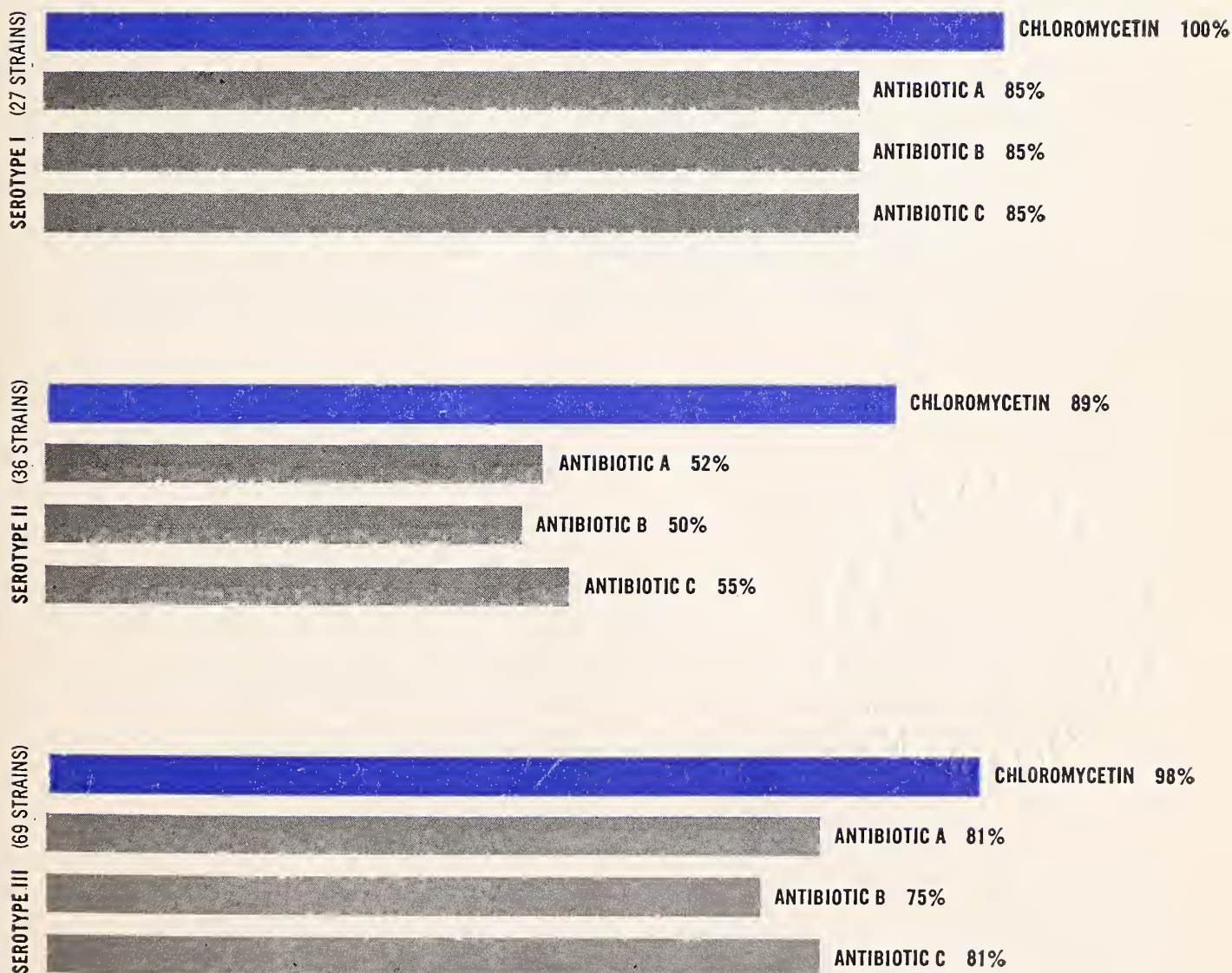
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## of the INDIANA STATE MEDICAL ASSOCIATION

Office of Publication:

1019 Hume Mansur Building, Indianapolis, Indiana

Medical Yearbook

\$3.00 per copy

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6.	H. N. Smith, M.D., Brookville	Kenneth G. Hill, M.D., New Castle	Greenfield, May 8, 1958
7.	T. V. Petranoff, M.D., Indianapolis	Arthur W. Records, M.D., Franklin	
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9.	J. A. Van Kirk, M.D., Frankfort	Dan Tucker Miller, M.D., Fowler	Tipton, 1958
10.	E. J. DeGrazia, M.D., Valparaiso	Wm. C. Robertson, M.D., Chesterton	Whiting, Sept. 4, 1957
11.	Earl W. Bailey, M.D., Logansport	Charles L. Wise, M.D., Camden	Marion, Sept. 18, 1957
12.	Milton F. Popp, M.D., Fort Wayne	Harold F. Zwick, M.D., Decatur	Fort Wayne, 1958
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- 
1. Jackson, P. L.: Iron Deficiency Anemia in Infants, Editorial, J.A.M.A. 160:976 (Mar. 17) 1956.
  2. Martin, E. A.: Roberts' Nutrition Work with Children, Chicago, The University of Chicago Press, 1954, p. 211.

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1. Hughes, J., et al.: South. M. J. 47:1082, 1954.  
2. Kerley, L., and Headlee, C. P.: J. Am. Pharm. A. (Scient. Ed.) 48:82, 1956



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This summary of what is happening in Washington is prepared by A.M.A.'s capital office and airmailed to THE JOURNAL on the ninth of each month.

## THE MONTH IN WASHINGTON

Washington, D. C.—The 85th Congress is in the final few weeks of its first session with prospects that it will enact few major medical bills this year, but that next year will be a different story. On at least half a dozen important measures action has been postponed, with the understanding that the issues will be fought out in 1958.

Circumstances prevented any delay on one bill that is of considerable importance to the younger doctors—a new version of the doctor draft act. It had to be enacted by July 1, the Defense Department insisted, or not enough doctors would be available to maintain the military medical services at an acceptable level.

The problem is that the Armed Forces require a higher ratio of physicians to troops than exists between physicians and the general population. Without some special law, the services would either have to make out with fewer doctors than they say they need, or draft thousands of non-physicians merely to obtain the doctors who are in the particular age groups.

### HOW DRAFT WILL WORK

This scheme was devised: Amendment of the regular draft act to allow the call-up, to age 35, of the necessary numbers of doctors from among

those who had received educational deferments; they could be called because they are physicians, not because they are of a certain age. Also, the national, state and local Medical Advisory Committees of Selective Service would be continued, as would a number of provisions in the original act that protect the rights of drafted doctors.

As Congress moved toward adjournment, prospects also were that it would enact a bill to help out some states caught in a financial squeeze because of a new act, passed last year but not scheduled to go into effect until July 1, 1957, to increase federal payments for the medical care of persons on the state-federal public assistance rolls.

Under the old system, states could use the U. S. dollars to pay directly to the individuals for their medical care, or directly to the vendors of medical service—hospitals, physicians, dentists. Many states, adopting the second plan in all or part of their counties, used the federal money to help maintain pooled funds, which support various medical care programs.

All U. S. money paid out under the new act must be used in the form of vendor payments—that is, not turned over directly to the public assistance cases. At the same time, the law as

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## The Month in Washington

(continued)

originally passed stipulated that any money received under the old plan henceforth would have to be handled as "recipient payments," that is, going directly to the persons on public assistance rolls.

A number of states thus faced the prospects of drastically revising their carefully-established medical care programs or sacrificing large amounts of federal money. Congress came to their rescue by means of a bill that would allow them to use the old money as before, yet take full advantage of the new federal program.

### CONTROVERSY PREVENTS ACTION

In the closing weeks of the session, however, two major medical bills were making little, if any progress—those for federal grants to medical colleges to build teaching facilities and for initiating a program of health insurance for federal civilian employees.

A number of bills had been introduced on aid to medical education, representing virtually all the viewpoints in Congress and the administration, but nothing much was happening. Here one factor was the economy drive, which was not too successful in cutting the administration's health budget, yet which virtually precluded any new programs involving large appropriations.

On federal employee health insurance, these long-standing differences of opinion still blocked any compromise: Should emphasis be on basic health insurance, or on major medical (catastrophic) coverage? Should U. S. payroll deductions be permitted, or would this open the door

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to demands for many other payroll deductions, such as for union dues? What safeguards could be set up to prevent either the commercial insurance companies or the nonprofit organizations (union plans and Blue Cross-Shield) from gaining a dominant position?

On these two major bills—as well as on many others—sponsors were not too discouraged. Already they were making plans to press them still more vigorously next year when Congress, looking toward the fall elections, may be more responsive.

NOTES

Doctors are asked by PHS to be on the alert for a **new type A influenza strain** expected to work its way into this country from the Far East. Details from state health departments.

**National Library of Medicine** officials were still hopeful, as the end of the session neared, that Congress would vote enough money to start constructing the library's new building next year.

For the first time the U. S. contribution to WHO this year is expected to drop to a third of the total WHO budget. In dollars, however, **the U.S. share continues to go up**, as the charges to other countries.

The Export-Import Bank is making long-term, low-interest loans to some Central American countries to build health facilities, such as hospitals and sewage plants.

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# Wanted: PHYSICIANS LOCATIONS

The following communities recently contacted the Physicians' Placement Service of the Indiana State Medical Association seeking assistance in locating a physician. In each case citizens of the communities believe there is a good opportunity for a general practitioner. Doctors looking for locations are urged to contact the following:

**TWELVE MILE**—Cass County; located close to Peru and Logansport where hospital facilities are available. Community will build an office building. Reasonable terms. This is a small community with a population of approximately 3,000 in the surrounding community. Contact Mr. Ora W. Grable, Twelve Mile, or Dr. Lowell Hillis of Logansport.

**PLAINFIELD**—Hendricks County; population 2,600. Located 18 miles from Indianapolis on U. S. Road 40. This is a very rapidly growing community. For further information contact Dr. M. M. Aiken, Plainfield.

**BUNKER HILL**—Miami County; and surrounding territory. The Southern Miami County Community Association, Inc., is desirous of securing the services of a physician for the community. This Association is willing to help finance a doctor in getting started. Contact R. E. Johnson or Mrs. Gladys Finster, Bunker Hill.

**GOODLAND**—Newton County; population 1,250. Located in rich farming section of Indiana. One physician in community. Preliminary

plans are underway for a county hospital located 8 miles from Goodland. Building available which was specifically built for a doctor's office. For further information contact Mr. Lawson J. Cooke, Cooke's Pharmacy, Goodland.

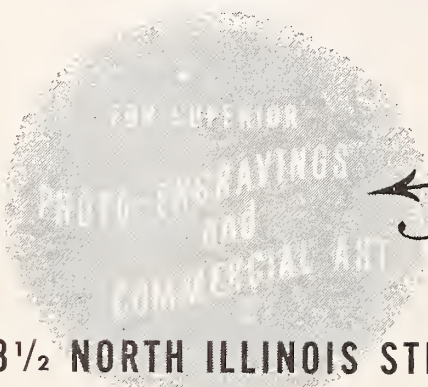
**CLARKS HILL**—Tippecanoe County; population 500. Located close to Frankfort and Lafayette where good hospital facilities are available. Office building available. Community willing to help doctor get started. Contact Mr. Paul Marks, Postmaster, Clarks Hill.

**ASHLEY-HUDSON**—Steuben County; population 700. Located in lake region of Indiana. Office available. Contact Mr. Harold Swank, Ashley, Indiana.

**DANA**—Vermillion County; population 1,500. Fifteen miles from Clinton. Office available. One physician in community. Rich farming community. Financially responsible community.

**ST. BERNICE**—Population 600. Large surrounding territory. Farming community. Community without a physician. Contact Mr. Charles L. Grenert for details.

Any of the listed communities which have secured the services of a physician should so inform the Indiana State Medical Association, 1021 Hume Mansur Building, Indianapolis 4, Indiana.



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# The Fourth Estate Looks at Medicine

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

## CARTER'S LITTLE (LIVER) PILLS

For seventy years Carter Products has manufactured Carter's Little Liver Pills and for fourteen years the Government has been trying to get the word "liver" out of that title.

The Government claims that the pills have "no therapeutic value beyond that of an ordinary laxative." Carter claims the pills are an effective treatment for biliousness, liver trouble, the coated tongue, headaches and that "worn-out" feeling.

The Federal Trade Commission has held 149 hearings in six cities to find out whether the name and advertising claims of the pills exceeded the effects of the pills. A key witness has passed away, a Government attorney once underwent a blood transfusion during a hearing (the record doesn't disclose whether pills would have helped), the case has been fought up to the Supreme Court and back down and is now on its way up again. The Federal Trade Commission confesses to a cost of \$1 million on the Carter case and the Carter company says they've spent as much. The transcript totals 11,197 pages including 2,236 technical and medical exhibits.

Fourteen years have passed by and the Government attorney and the Carter attorney who have handled the altercation all that time have become so chummy that the Carter man asked the U. S. man where he'd like to try the next case. The Government man said he liked San Francisco in the fall, so the case will be tried in October on the West Coast.

The new case, our Washington Bureau reports, will hinge in large measure on whether Carter's Little Liver Pills do or do not increase bile flow. The Federal Trade Commission hired experts to run tests at Mayo Clinic and three universities; the company, at New York and Philadelphia hospitals.

We'll leave it to the doctors and the courts to decide what effects Carter's Little Liver Pills have on biliousness, liver trouble and the coated tongue (though it strikes us that the lawyers on both sides might be pretty good witnesses about the effects of the pills on their headaches if they'd only try them).

But as a taxpayer we feel competent to express one opinion on this fourteen-year-old case that has cost the public \$1 million so far. It's certainly high time somebody did something to relieve that worn-out feeling.—*Wall Street Journal*.

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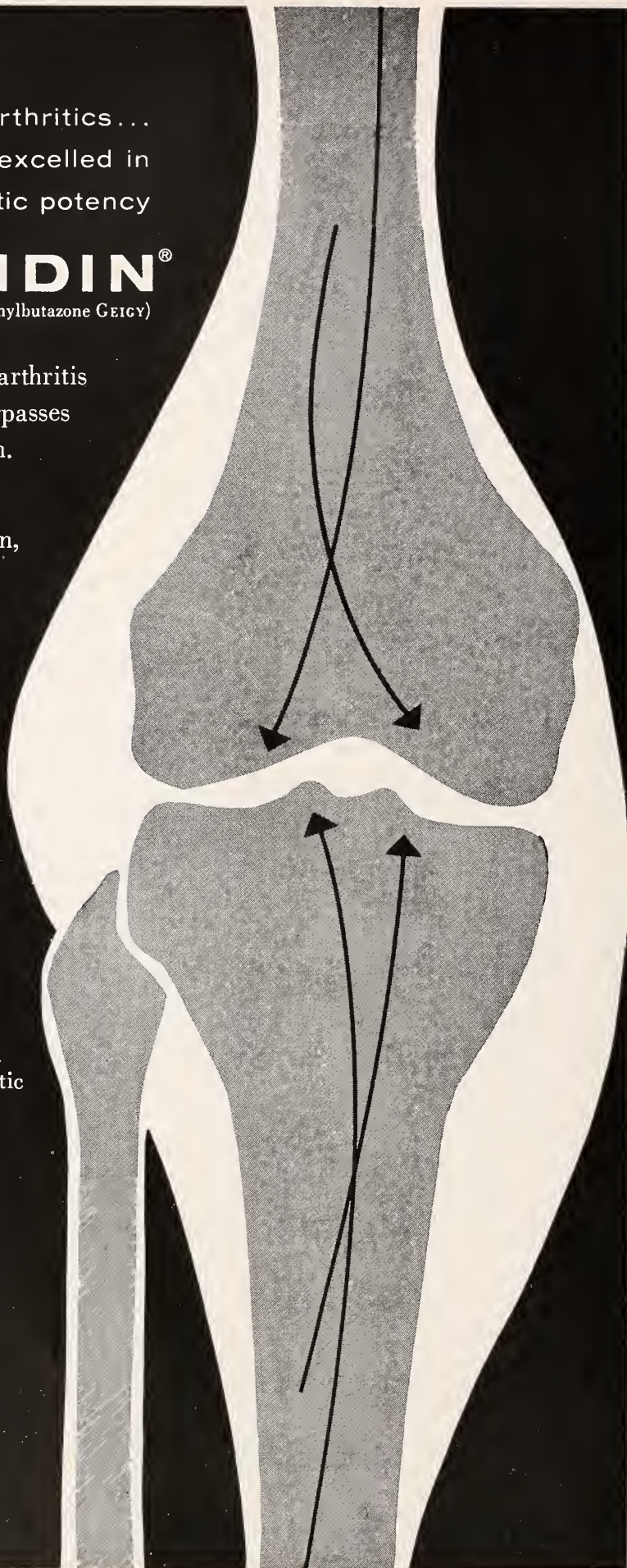
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# Books: Reviewed

**PROCEEDINGS OF THE THIRD NATIONAL CANCER CONFERENCE**, June 4-6, 1956, sponsored by American Cancer Society, Inc., and National Cancer Institute, U. S. Public Health Service. 961 pp., including index. J. B. Lippincott Company, Philadelphia and Montreal.

This large work consists of three "parts": I. Opening and Closing Remarks (8½ pages of succinct and significant résumé of progress against cancer); II. General Lectures (70 pages of formal presentations on six subjects: Epidemiology, radiation neoplasia, virus etiology, chemical effects of tumors with reference to iron, factors influencing curability, and the measurement of morbidity); III. Symposia and Panels (10 in number, on cancer of the breast, prostate, lung, head and neck, female genital tract, gastrointestinal tract, and symposia on lymphomas and leukemias, chemotherapy, and end results of treatment).

In the Conference Summary it is stated that "Over 120 communications have been delivered by over 200 essayists and discussers." This, of course, represents an enormous amount of material and a vast array of ideas. It is impossible to do it justice in a review. Dr. Charles S. Cameron, Medical and Scientific Director, American Cancer Society, states in his conference summary: "It is apparent that we are observing a renaissance of scientific interest in respect to the etiology of neoplasms. I am not aware of any competent or sizable disagreement here with the statement which has been made—that there is today no important reason for not admitting viruses into the growing company of agents capable of inducing tumors in humans, even though proof of their doing so is at the moment lacking." While this may be making a point in a negative sort of way, it does show the underlying positive idea of leaving no stone unturned in the quest of that unholy grail—the cause of cancer.

Data from a large gynecological clinic showed that while "the salvage rate in cancer of the cervix was 11 per cent higher in the quinquennium 1945-1949 than it was for the period 1940-1944 . . . when these figures are adjusted for stage, the survival rate has remained unchanged. This establishes the fact that the improvement is not due to change in treatment, but to a greater percentage of early cases in the total number." Cancer *in situ* appears still to be a battleground for conflicting opinions, although the extremes of opinion seem to have moved closer together than heretofore. At the conference "perhaps these two positions illustrate the extremes of opinion: One, cancer *in situ* invariably precedes invasive cancer; and number two, it is likely that it is a precursor."

There is an interesting paper by Nakayama on diagnosis of esophageal and gastric tumors with P<sup>32</sup>, "based on the fact that the pick-up of P<sup>32</sup> in tumors in these locations averages 300 per cent over that present in the normal tissues." He showed both macro- and microradio-autographs of such cancers, after removal, and also a method for securing "vital radioautographs" *in vivo* for diagnosis before operation, in addition to the use of a Geiger-Müller counter connected with a rate-meter-recorder. The miniature counter is passed to a point below the lesion and the counting is done while withdrawing it at a slow, steady rate. Tracings show submucous metastases as well as primary growth. Whether or not this

proves to be practical, the method appears to have remarkable possibilities. According to Nakayama, the "reliability" was 100 per cent in diseases of the esophagus and cardia (67 malignant cases, 23 benign) while in stomach lesions it was 96 per cent correct in 78 malignancies, and 98 per cent in 50 benign lesions. The failures in cancer cases were on mucinous carcinoma. The method appears best for early rapidly growing cancers, since the uptake of P<sup>32</sup> diminishes as the neoplasm acquires degenerative changes.

Wangensteen and associates (University of Minnesota) report on the "Current Status of the Second-Look Procedure in the Management of Cancer of the Gastrointestinal Tract." "In the main, second-look operations have been done on patients who had gastric, colic or rectal cancers with lymph node metastases. . . . Approximately 6 months after the original excision and while the patients are asymptomatic and without clinical evidence of residual cancer, they are reoperated upon. A thorough search for any suggestion of residual cancer is made; any suspicious nodule is removed, together with any remaining lymph node-bearing tissue, near the primary site of operation. Residual cancer, if found, is removed unless the situation is obviously out of hand. If cancer is found at this second-look operation, subsequent exploratory operations . . . are carried out at similar interludes of time until no cancer is found. Once a patient has undergone a negative exploration (with negative histologic study of tissues removed) no more surgery is recommended unless clinical evidence of a recurrence becomes apparent.

"As of April 1, 1956, 141 such patients have had 199 'look' operations . . . 73 patients were found to harbor residual cancer at the second-look operations . . . 10 patients who had residual cancer . . . have come to a final negative look. They continue to show no evidence of disease for a range of 20 to 89 months after their primary operation; a salvage rate of 13.7 per cent of patients with hithertofore hopeless residual cancer."

Space limitation prevents even mere mention of many important and interesting—nay fascinating—papers. Suffice it to say that this very fine conference closed with a symposium on end-results in cancer with a discussion of each of 19 specific sites. "The combined figures from the 3 central registries and 7 hospitals indicated a 5-year survival rate of 24 per cent for all sites except skin . . . Skin cancer . . . accounts for about 13 per cent of all cancer" and the survival rate is high (about 90 per cent). ". . . the average 5-year survival rate would have been about one-third had skin cancer been included."

Three successive periods of time have been compared to answer the question "Is any progress being made?" For females, the 5-year survival rates for the three periods were 29 per cent, 35 per cent and 38 per cent. For males, 19 per cent, 22 per cent and 25 per cent. "The rise in the incidence of lung cancer, a site with very low survival rates, prevented a greater increase in the rates for males." Locations of cancer "showing the greatest increase in survival rates were large intestine, rectum, cervix uteri, corpus uteri, prostate, and endocrine glands. Little or no improvement was noted for cancer of the stomach, lung, esophagus, ovary and soft tissue."

A. W. Cavins, M.D., Terre Haute



# The *Journal*

of the INDIANA STATE MEDICAL ASSOCIATION

Supervised by THE COUNCIL

Volume 50 — July 1957 — Number 7

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## The Consent of the Patient for Treatment

ALBERT STUMP

*Indianapolis*

WHEN THE NECESSITY for consent of a patient, or of those responsible for the care of a patient, is spoken of, it is the consent only for surgical operations that generally comes to mind. But as a matter of law any treatment of a patient should be with the consent of the patient, or of those responsible for his care. That consent may be expressed or implied. It will be implied from the mere fact of the physician being called or employed in the case. But where the patient is in possession of his faculties and able to consult concerning his condition and no emergency exists which makes it impracticable to confer with him, his consent should be obtained with respect to any procedure in his treatment which involves known risks to his health or life.

Surgery is still regarded as a procedure involving more serious risks than the administration of the ordinary drugs whose safety has been reasonably well established, or than the following of most other procedures. So when surgery is to be performed definite consent should be obtained.

Now the next question is, how definite and specific should that consent be? Should it be

confined to some specific thing which the patient and surgeon contemplate; or should it be in more general terms, so that the surgeon may do what he finds in the process of surgery is for the best interest of the patient? It has generally been the practice of surgeons, and also of hospitals, to make the consent quite general. If it is not general the surgeon might find a situation which indicates that something more should be done than the specific thing for which the consent was obtained. Then the question that may confound the surgeon is whether he should end the immediate procedure and wait until the patient recovers from his anesthetic sufficiently to give his consent for further surgery; then if the consent is obtained, go ahead with another anesthetic and another surgical procedure.

If the surgeon follows this procedure in order to have a consent for what he feels should be done and thereby avoid litigation for having performed surgery without consent, he may find himself charged with malpractice for not having gone ahead without subjecting the patient to the additional pain and possibly additional risk of another anesthetic and the more prolonged surgical procedure. To avoid that difficulty a gen-



eral consent should be obtained. But if it cannot be obtained, then in the more limited consent there should be included some statement under which the patient, or the person responsible for the patient, assumes the responsibility for the possible interruption of a surgical procedure which could be avoided by a general consent for the original procedure.

### **SUBMISSION IMPLIES CONSENT**

Consent for the entire procedure necessary will be implied from the voluntary submission of a patient to an operation where the patient was in possession of his faculties, knew what the operation was to be, and was not led to submit to it by false and fraudulent representations concerning either the need for the operation or the dangers that would attend it. The voluntary submission of a patient to an operation implies also the consent of the patient to the administration of an anesthetic and to all the other procedures usually connected with the operation.

If the patient is not capable of giving consent by reason of being unconscious, or an infant not of sufficient age to exercise discretion in that regard, or by reason of being mentally deficient—then the consent of the person, or persons, responsible for his care and treatment should be obtained, unless such an urgent emergency exists as to make the obtaining of the consent impracticable. In this latter situation the physician who undertakes to care for the patient should do what would be indicated as proper to be done in the exercise of such judgment and discretion as would be used by a physician or surgeon in the same or similar localities under the same circumstances.

### **ROLE OF THE COURTS**

When an incompetent patient is involved and the consent of the parents, or others responsible for the care of the patient, cannot be obtained and yet the treatment under contemplation is necessary, the courts have stepped in and made the patient a ward of the court, and then consent was given by the court for the medical or surgical procedure necessary.

The question as to the age one must attain before he has the right to give or withhold his consent for medical and surgical treatment is one on which the Courts have not given a

unanimous answer. The general rule is that the consent of the parent is necessary for an operation on a person under twenty-one years of age, but that general rule finds most of its support in old decisions. The more modern view is that if a person is capable of appreciating the nature, extent and consequences of an operation, and his need for it, he can give his effective consent; and that the surgeon is not liable under such circumstances for operating without the consent of the parents. However, it is better to have the consent of the patient as well as of at least one of the parents. Under the law of an earlier day the consent of the father was sufficient. That conclusion was based upon the harsh rule that the mother and her children belonged to the father anyhow. The effect of that ancient rule is to make the consent of the father sufficient today.

### **THE AGE ELEMENT**

This raises still another question regarding consent where a patient under twenty-one is involved. Suppose the surgeon obtains the consent of the parents but not of the child and the child satisfies the requirement for the right to give or withhold his consent. If a surgeon operated under those conditions would the child have a cause of action against him for an unauthorized operation? This question up to now seems to be entirely academic, for no cases have been found involving those facts. But upon strict application of legal principles if the child had the right to give or withhold consent and an operation was performed without his consent, it would be an unauthorized operation.

The question has often been raised as to whether the consent of the spouse is necessary. Tradition in this field still exerts sufficient influence to make it wise to obtain the consent of the husband just as a matter of precaution against the lingering idea that the husband's consent is necessary to make the performance of an obligation on the wife legal. As a matter of law the modern statutes pertaining to married women have made the husband's consent unnecessary.

Then comes the question as to the form of consent to be used. It can be very simple. The following, for instance, would be adequate:

The undersigned as a patient hereby authorizes and consents to the employment of such anesthetic, diagnostic, medical, surgical,

technical, or other procedures in his case as the physician, or physicians, in charge of his case deem necessary or advisable.

Dated-----, 19----

Witness :

-----  
Name of Patient

-----  
If the patient is a child or under guardianship, then the form should be modified to show the capacity in which the one who gives consent is acting.

The prevalence of hospital and medical prepayment plans suggests the advisability of including in a consent a provision for the insur-

ance carrier to have the right to examine and take copies of hospital records ; and that consent is obtained in some hospitals. The additional provision in that regard is generally in about the following form :

If the patient is a beneficiary of any plan for the payment of medical or hospital care, the insurance carrier is authorized to have access to and make copies of the hospital records in the case.

A provision of this kind eliminates any possibility of a controversy that might otherwise develop concerning inspection of records. It may reduce the burden on the hospital management in regard to the handling of hospital records.

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## THE MEDICAL YEARBOOK

This eleventh edition of the Medical Yearbook published by The JOURNAL of the Indiana State Medical Association contains information which will be valuable on many occasions during the coming year. Not only is every physician member of ISMA listed but addresses were corrected, if reported to The JOURNAL, as late as June 5.

Many special medical organizations and health groups have listed their officers so that you may have access to information and services; hospitals and nursing homes which have been approved and licensed by the state are shown with their mailing addresses and names of their administrators. State agencies and boards which deal in any way with matters of public health have been listed.

Special articles which pertain to the law and medicine are included.

The Constitution and By-Laws of the Indiana State Medical Association and the revised and shortened Principles of Medical Ethics of the American Medical Association are included for reference by individual members and county societies.

Throughout the pages of this Medical Yearbook also appear the advertisements of the many firms with which The JOURNAL has grown during its fifty-year span as a publication. Represented here, too, are newer friends who bring their advertising messages to our readers in this annual roster issue only. The JOURNAL policy from the beginning has been to accept and present to you only the advertising of reputable organizations and companies . . . patronize them with confidence.



# The Reporting of Disability For Social Security

E. B. HAGGARD, M.D.\*

*Indianapolis*

**B**OASI needs your help, and so do your patients.

This article is to give you some factual information regarding the reporting of disability for Social Security purposes.

First a word about the program itself. It operates like an insurance program—as a matter of fact, B.O.A.S.I. stands for Bureau of Old Age and Survivors Insurance. The program provides for “freezing” a person’s wages during a period of disability and provides for cash benefits for disabled workers who can qualify. “Freezing” wages means that a period of loss of wages, during a period of disability, may be thrown out of calculation of benefits when the worker reaches age 65. Under the present law, persons under 50 at the time of application may apply only for the “freeze”. Workers between 50 and 65 may apply for “freeze” and for cash benefits.

In addition, so-called “disabled children” may apply for benefits under certain conditions. I say “so-called” because some “children” may at present be as old as 60. These “children” must have become disabled before reaching age 18 and must still be disabled. They must never have been married, and the wage earning parent must be dead or receiving Social Security benefits. Cash benefits for children began January 1, 1957 and cash benefits for workers begin July 1, 1957. The program is something the wage earners of the country have bought and paid for.

Now in regard to disability. The language of the law is this, in substance: “The applicant must be blind (statutory blindness) or UNABLE TO ENGAGE IN ANY SUBSTANTIAL GAINFUL ACTIVITY by reason of a MEDICALLY DETERMINABLE physical or men-

tal impairment. The impairment must be one that can be expected to be of LONG CONTINUED AND INDEFINITE DURATION OR TO RESULT IN DEATH.” Notice—there is no mention of permanent and total disability. Also—disablement from the USUAL occupation is not enough, the person must be disabled from ANY substantial gainful activity. “The applicant must have been disabled for six months at the time of filing an application, and MUST FURNISH such proof of disability as may be required.” There are other (non-medical) requirements that will not be mentioned here—such as length of time the worker has worked under Social Security coverage. A remediable condition is usually not entitled to disability benefits. If a person is adjudged disabled under this program and later returns to work, the benefits are stopped. The return to work is found out in a number of different ways, the most important of which is the Social Security wage records. A recent requirement, going along with the new provisions for cash benefits, is that every applicant must be referred to Vocational Rehabilitation. If the applicant, without good cause, refuses these services when offered, then his benefits are suspended. The purpose, of course, is to see that as many as possible are rehabilitated. The primary goal of the whole program is rehabilitation of the disabled.

The medical adjudication part of the program operates under a set of disability standards, or rather guiding principles, which were drawn up by a non-political medical advisory committee.\*\* These standards are more severe in defining what constitutes a disability than the V.A. or industrial programs. Industry, understandably, puts a worker on disability whenever the worker

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\*\* It might be of interest that Dr. Donald Covalt, now of New York, and a graduate of I. U. Medical School, is a member of this committee.



can no longer do any work in that particular plant, but for the Social Security program, such a worker will often be able to engage in some other work. There are 6,000 different types of jobs available in the U.S.A. Publication of these standards is not permitted—they are for the use of the evaluating teams. They are not simply a fixed, inflexible list of impairments—they are guiding principles and are listed under 130 disabling conditions. Each case is decided on its own merits. The evaluating teams use these as guides and try to decide whether or not the condition under consideration meets or exceeds the level of severity set forth in the standards. Those people whose conditions meet or exceed the severity in the standards are adjudged disabled. The standards are constantly being revised. For the nation as a whole, there have been about 50% denials and 50% grants for disability. Decisions on disability are made by a team of medical and lay members working under Vocational Rehabilitation here in Indiana. In 1956 the team had one physician member, in 1957 we have two. The decisions are made entirely from the records submitted—wage records, medical reports, reports from interviewers, applicant's statements, and employers' statements. After the team comes to a decision, the record is forwarded to BOASI headquarters, where it is reviewed and the final decision issued to the applicant. The Indiana team made 3,143 decisions in 1956 and has made about 1,500 in the first four months of 1957.

The reporting, or family doctor, is not expected to decide if the individual is disabled or not within the meaning of the law—this decision comes from the team and headquarters. The team pays no attention to the *unsupported* words "this patient is totally and permanently disabled," but does pay meticulous attention to the symptoms and objective findings substantiating the diagnosis and the severity of the impairment. We make our decisions by trying to visualize the applicant within his environment and by trying to see how much function he has left. So it is highly important to report in detail the findings and especially to describe the LEVEL of SEVERITY of the impairment. We are trying to arrive at a sound medico-legal decision that will stand up all along the line. Factors other than medical are taken into consideration by the team. These factors deal largely with interpretation of the meaning of the wording of the law, and we have our standards for this too—for instance,

standards for determining what constitutes "long continued and indefinite duration" and what constitutes "substantial gainful activity." Sound medical judgment has to be, and is, used all along the line, because these records pass through the hands of several physicians before the final decision is issued. The basic question to be decided is: Is the individual disabled within the meaning of the law—or to say it another way—"what can the individual do with what he has left?"

Now the only practical way to run a program of this size is to depend on the honesty (well known to us) and acuity of you doctors giving us reports. We do depend on your honesty, but PLEASE, by exercising your acuity, give us fuller and more legible reports to go on. We also wish to preserve the doctor-patient relationship and we send the applicants back to their doctors to get information we need. We need detailed objective findings to reach our decisions. It would be most helpful (and in the long run less trouble to you) to give this complete report on the initial medical form (form 826). It is asked that this form be carefully read and the questions answered fully, giving dates and severity of conditions in clear language that cannot be misunderstood. We believe, since it is the patient's own responsibility at least to get his claim started, that he should expect to pay his doctor and the doctor should expect to collect for this service. By the first of July 1957 the really disabled people are going to expect payments. In the cases of "disabled children" give us whatever evidence you can about disability before age 18, and also about the disability at the time of reporting.

A good many of you know, by now, that we often ask for additional information and also quite often ask for consultative examinations which are paid for by the program. Many denials of applications are done because the medical evidence supplied by the applicant was too skimpy and insufficient on which to reach a sound decision (the reporting doctor was not helping his patient fulfill his own responsibility). Again let me stress that complete, legible and detailed information on the initial medical form will save time and bother for both you and the patient.

We have devised forms for getting additional information from the doctor which (we hope) make the least possible demand on his time.

These can be seen at the end of this article and illustrate the type of information we are trying to obtain. We send these forms to the individual instead of to the doctor for two reasons: the first is that it is the individual's responsibility to furnish medical proof and the second is that we hope to drive the patient to his doctor so that the recent information can be supplied. We feel that the individual should also expect to pay his doctor for this service—after all it's up to the applicant to prosecute his own claim.

From time to time we purchase consultations from recognized specialists. At present, we are using Board men for this because the only list we have is the National List of Medical Specialists. We have written all County Medical Societies to try to find qualified men in each county, Board men or not, so that the people we are dealing with will not have to travel so far sometimes. Getting consultations within each county would make the consultant's opinion more readily available to the family doctor. We always ask the consultant, at his discretion, to send a copy of his report to the family doctor. Consultations are used: Whenever there is conflicting medical evidence in the file; where it appears that the individual has exhausted all his possibilities for furnishing further evidence, and yet there is not enough in the file to make a sound decision; and whenever an expert is needed to evaluate further the impairment. We do not set any prices, but do ask the consultants to bear in mind that the fees are being paid by a State agency and to keep the fees reasonable.

### RIGHT OF APPEAL

In case any individual disagrees with the decision as finally issued, he has the right of appeal. He can ask for reconsideration or a hearing of the facts. In either case the individual can submit new medical or lay facts that will be given full consideration. Consultative examinations are used fairly often in these disputed cases.

Our job is to try to measure impairments. From the family physicians and consultants alike, we are asking for complete details, physical findings and laboratory reports. For example: Tell us how much activity produces dyspnea in heart and lung cases; what is the best corrected visual acuity in eye cases; what do pulmonary function studies and EKGs show; how well can the hemiplegic use his affected members; how much joint destruction and how much limitation of motion

of joints in arthritis; what is the degree of mental deficiency (mental age or IQ); other manifestations of mental disorder. Dates of major events and dates of your visits are important. Measurement of impairments is admittedly difficult, but that is what we are looking for. Do your best to indicate the prognosis and possibilities of rehabilitation. Include pertinent negative findings as well, because these might help clear up points on which we already have some information.

Pulmonary function measurements seem to be very infrequently used throughout the country. Perhaps this is natural because they are of little use in treatment—they are most useful in measurement of residual function. In this field the measurement of residual function is difficult by purely clinical methods. We would like to suggest far more widespread use of pulmonary function tests in evaluating any lung disability. A battery of the following 5 tests would give very complete information on residual function:

- a. Vital capacity (report in liters or cc's.)
- b. 3-second vital capacity
- c. Exercise tolerance test
- d. Maximum breathing capacity
- e. Venous blood CO<sub>2</sub> tests.

If, in our work, we would have to rely on one single test, we would select the 3-second vital capacity test as the most valuable. The plain vital capacity test, however, is very helpful and the height of the patient should be given along with liters or cc's of vital capacity. One of our medical members is working on an educational article on pulmonary function and hopes to have it published in this JOURNAL.

At the end of this article are some of the forms we are using. The initial medical (826) is illustrated along with our forms for a few of the more frequent conditions. We hope these will give you a concrete idea of the kind of information we want. We make notes, from time to time, with revision of these forms in mind, and would appreciate any suggestions you have to make these more workable. We know that the form 826 is under consideration for revision, but do not know what will emerge. In the meantime, please (a la Jack Webb in *Dragnet*) "Just give us the facts," impartial and objective facts in



**MEDICAL REPORT**

NOTICE TO PHYSICIAN: The applicant is responsible for securing the information requested without expense to the Government. You may use this form or your own letterhead, if you prefer. Please make your report complete enough to enable a reviewing physician to determine the nature and severity of impairment.

(Name)	(Date of Birth)	(Social Security No.)
<b>1. PHYSICAL MEASUREMENTS</b> Give applicant's height and weight at last visit inches_____ lbs._____		
<b>2. HISTORY</b> (a) When did present illness or injury occur? (b) Date applicant became unable to work____ (c) Is there a previous history of this illness? If "yes" describe _____		
<b>3. PRESENT CONDITION</b> (ALL MAJOR IMPAIRMENTS) (a) Subjective symptoms (b) Objective findings Give report of X-rays, EKGs, laboratory or other diagnostic tests, with dates. Use separate sheet if necessary. (c) Is applicant Ambulatory <input type="checkbox"/> Bed Confined <input type="checkbox"/> House Confined <input type="checkbox"/> Hospital Confined <input type="checkbox"/>		
<b>4. DIAGNOSIS</b> (If TB, use National Tuberculosis Association Classification)		
<b>5. TREATMENT</b> (a) Therapy and response_____ (b) Date of first visit_____ Date of last visit_____ Frequency of visits_____ (c) When did you last examine the applicant?		
<b>6. PROGRESS</b> (a) Is condition static?_____ (b) If not, what optimum improvement can be expected, if any? (c) When_____6 Months <input type="checkbox"/> 1 Year <input type="checkbox"/> Indefinite <input type="checkbox"/> (d) Have you advised applicant not to work?		

**Complete appropriate sections if impairment is**  
**CARDIAC, RESPIRATORY, ARTHRITIS or NEUROLOGICAL**

<b>CARDIAC</b>	(a) Functional capacity (American Heart Assn.) Class 1 (No limitation of physical activity) _____ Class 2 (Slight limitation) _____ Class 3 (Marked limitation) _____ Class 4 (Complete limitation) _____ (b) Blood pressure _____ (c) Edema _____ (d) Dyspnea _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> At rest <input type="checkbox"/> On slight exertion <input type="checkbox"/> On moderate exertion
<b>RESPIRATORY</b>	(a) Acute attacks _____ Frequency, duration and severity _____ (b) Deformity of chest wall _____ (c) Emphysema _____ (d) Vital capacity (Degree) _____ (e) Dyspnea _____	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> At rest <input type="checkbox"/> On slight exertion <input type="checkbox"/> On moderate exertion
<b>ARTHRITIS</b>	(a) X-ray report _____  (b) Physical Findings.—Give specific joints involved; describe deformities, tissue and bone destruction; limitation of motion _____	
<b>NEUROLOGICAL</b>	Describe any of the following conditions that are present, indicating degree, distribution, and residual function in affected parts _____  <div style="display: flex; justify-content: space-between;"> <span>Atrophy</span> <span>Tremors</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Paralysis</span> <span>Gait</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Hemiplegia</span> <span>Reflexes</span> </div> Lab. findings: Cerebrospinal fluid (Wassermann, protein, cell count, etc.), X-ray findings, EEG's, other _____	

8. Remarks

Please Print or Type Name of Physician or Organization    Signature and Title

Address

City

State

Date



sufficient detail (with dates) so that the reviewing physicians can arrive at the same diagnosis as yours, and so that the SEVERITY of the impairment is clearly indicated. Remember—a diagnosis alone tells us little or nothing about the SEVERITY of the impairment. Tell us—what can your patient do? The reports, if complete enough, are also very valuable for assessing the rehabilitation potential and the services needed for rehabilitation.

It is suggested that you tell your patients that you cannot make the decision as to whether or not they are disabled within the meaning of the law, and that having been declared disabled by another program does not necessarily mean that they are disabled under this program. Other programs differ from ours and use different requirements. The final decision comes from BOASI headquarters. This policy of telling your patients

that you can only report the facts should forestall any patient resentment toward you.

## SUMMARY

1. Facts concerning the Social Security Disability program and the “freeze” are given.
2. Disability under this program is defined both for the wage earner and for the so-called “disabled children.”
3. A plea for more objectively detailed medical reports is made in order to facilitate the working of the program.
4. The role of the medical consultant in this program is described.
5. Additional information forms are illustrated.

## ADDENDUM

Additional reporting forms covering special conditions are reproduced on the following pages.

This article is published by The JOURNAL to assist in clarifying the role the family physician plays in reporting disability of patients who wish to apply for “freezing” of their wages or for “freezing” and cash benefits under the amended Social Security Act.

The author emphasizes that the patient must initiate all action to get his claim started and should expect to pay the physician for his services.

Applicant  
Social Security No.

1. Diagnosis \_\_\_\_\_
2. Date patient became unable to work \_\_\_\_\_ from: History      Your knowledge
3. Date (or dates) of coronary occlusion (if any) \_\_\_\_\_
4. Any abnormal EKGs? If yes, give findings and dates \_\_\_\_\_  
\_\_\_\_\_
5. Has there been congestive failure or angina in spite of, or while on therapy? \_\_\_\_\_
6. Response to treatment \_\_\_\_\_
7. Date of latest examination \_\_\_\_\_
8. Cardiac Reserve \_\_\_\_\_

(ANSWER AS OF DATE OF LATEST EXAMINATION)

- | Is there now?  | Answer yes or no (below) |
|--|--------------------------|
| <hr/>  |                          |
| a. Dyspnea   |                          |
| At rest (bed) _____  |                          |
| On slight exertion (slow walking or puttering about the house) _____ |                          |
| On moderate exertion (normal walking) _____                          |                          |
| Orthopnea _____  |                          |
| How far can patient walk before having to stop for breath? _____     |                          |
| b. Pain (Angina)   |                          |
| At rest (bed) _____  |                          |
| On slight exertion (slow walking or puttering about the house) _____ |                          |
| On moderate exertion (normal walking) _____                          |                          |
| How far can patient walk before experiencing pain? _____             |                          |
| Duration and frequency of pain _____                                 |                          |
| c. Heart enlarged (specify clinical or X-ray) _____                  |                          |
| d. Edema (specify peripheral or pulmonary) _____                     |                          |
| e. Blood pressure _____  |                          |
| <hr/>  |                          |
| 9. Any renal, cerebral or lung damage? If yes, describe _____        |                          |
| <hr/>  |                          |
| 10. Symptoms while under (or in spite of) treatment _____            |                          |
| <hr/>  |                          |
| 11. Remarks: _____   |                          |
| <hr/>  |                          |

Signature \_\_\_\_\_ M.D.

Date \_\_\_\_\_

HEART



Applicant  
Social Security No.

1. Diagnosis \_\_\_\_\_
2. Etiology \_\_\_\_\_
3. Date of onset \_\_\_\_\_ from: History    Your knowledge
4. Date patient became unable to work \_\_\_\_\_ from: History    Your knowledge
5. Date of your latest examination \_\_\_\_\_
6. Findings (as of date of latest examination)
  - a. Asthma:    mild    moderate    severe  
Frequency and length of attacks \_\_\_\_\_
  - b. Emphysema:    mild    moderate    severe  
Found by:    X-ray    Clinical
  - c. Pneumoconiosis, silicosis, pulmonary fibrosis  
Findings on which diagnosis is based \_\_\_\_\_
  - d. Degree of dyspnea while on treatment (Answer yes or no)  
At rest \_\_\_\_\_  
On slight exertion (slow walking, puttering about the house) \_\_\_\_\_  
On moderate exertion (normal walking) \_\_\_\_\_  
How far can patient walk before having to stop for breath? \_\_\_\_\_  
How many stairs can patient climb before stopping for breath? \_\_\_\_\_
  - e. Vital capacity (% of normal) or result of any pulmonary function test \_\_\_\_\_
  - f. Chest expansion \_\_\_\_\_ inches
  - g. X-Ray findings and dates \_\_\_\_\_
7. Response to treatment and prognosis \_\_\_\_\_
8. Any evidence of cor pulmonale? If yes, describe \_\_\_\_\_
9. Remarks: \_\_\_\_\_

Signature \_\_\_\_\_ M.D.

Date \_\_\_\_\_

**PULMONARY** (but not T.B.)

Applicant  
Social Security No.

1. Diagnosis \_\_\_\_\_
2. Date patient became unable to work \_\_\_\_\_ from:    History    Your knowledge
3. Date of any stroke (or strokes) \_\_\_\_\_
4. Etiology (or if stroke, condition underlying stroke) and severity \_\_\_\_\_

5. Date of most recent examination \_\_\_\_\_

6. Residuals (as of date of latest examination)

Which hand:    Right \_\_\_\_\_ Left \_\_\_\_\_

Describe limitation of use of hand (or hands) \_\_\_\_\_

Which leg:    Right \_\_\_\_\_ Left \_\_\_\_\_

Describe limitations of use of leg (or legs) \_\_\_\_\_

Ambulation:    (check whatever is appropriate)

Bedfast    Cane    Crutches (or Walker)    Wheelchair

Other \_\_\_\_\_

Mental residuals: (Aphasia, memory, etc.) \_\_\_\_\_

Blood pressure: \_\_\_\_\_

7. Any evidence of eye, renal, or heart complications? If yes, describe.

8. Remarks: \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_ M.D.

NEUROLOGICAL



Applicant  
Social Security No.

1. Diagnosis \_\_\_\_\_
2. Date patient became unable to work\_\_\_\_\_from:      History      Your knowledge
3. If arthritis, give date of onset\_\_\_\_\_
4. Date of your latest examination\_\_\_\_\_
5. Residuals :

(ANSWER AS OF DATE OF YOUR LATEST EXAMINATION)

Joints involved	Check below	% of limitation of motion
Right Hand		
Elbow		
Shoulder		
Ankle		
Knee		
Hip		
Left Hand		
Elbow		
Shoulder		
Ankle		
Knee		
Hip		
Spine Lumbar		
Thoracic		
Cervical		

6. X-Ray findings and dates \_\_\_\_\_
7. Response to treatment and prognosis \_\_\_\_\_
8. Ambulation (as of date of latest examination)      Bedfast      Cane      Crutches or Walker  
Wheelchair      Other
9. Describe loss of use (if any) each hand (or hands) \_\_\_\_\_
10. Any loss (Amputation) of any extremity or part? If yes, describe \_\_\_\_\_
11. Any neurological or vascular complications? If yes, describe \_\_\_\_\_
12. Remarks : \_\_\_\_\_

Signature\_\_\_\_\_M.D.

Date \_\_\_\_\_

## ORTHOPEDIC

Applicant  
Social Security No.

1. Diagnosis \_\_\_\_\_
2. Date of onset of this condition \_\_\_\_\_
3. Date patient became unable to work \_\_\_\_\_ from:   History   Your knowledge
4. Earliest date at which vision in the BETTER eye WITH BEST CORRECTION became 20/200 or worse  
\_\_\_\_\_

5. Present visual acuity WITH BEST CORRECTION

a. Right eye \_\_\_\_\_

b. Left eye \_\_\_\_\_

6. Treatment and response \_\_\_\_\_  
\_\_\_\_\_

7. IF CATARACT

Would surgery improve condition? \_\_\_\_\_

Is surgery advisable? \_\_\_\_\_

Any contraindications to surgery? \_\_\_\_\_

Has operation been advised? \_\_\_\_\_

If surgery has been done, give date and resulting visual acuity WITH BEST CORRECTION

Right eye: Date of operation \_\_\_\_\_ Visual acuity \_\_\_\_\_

Left eye: Date of operation \_\_\_\_\_ Visual acuity \_\_\_\_\_

8. Describe any contraction of visual fields:

Right eye \_\_\_\_\_

Left eye \_\_\_\_\_

9. Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ M.D.

Date \_\_\_\_\_

EYE



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Irvin W. Wilkens, M.D., Indianapolis . .	Dec. 31, 1957
Harold D. Lynch, M.D., Evansville . .	Dec. 31, 1958
Carl S. Culbertson, M.D., South Bend . .	Dec. 31, 1958
George N. Lewis, M.D., Gary . . . .	Dec. 31, 1959
Samuel R. Mercer, M.D., Fort Wayne . .	Dec. 31, 1959

**Editorial Secretary:** Jeanne S. Grover, 1019 Hume Mansur Building, Indianapolis 4, Indiana.

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## BROADENED COVERAGE IN HEALTH INSURANCE

**H**EALTH INSURANCE in the United States is not only growing in respect to the number of persons covered, but is also increasing at an even faster rate in the extent of coverage. In the past eight years the proportion of total medical expenses which has been met by insurance has increased three times as fast as the proportion of the population which is covered by health insurance.

It is estimated that more than 25 percent of the total bill for private medical care is now covered by insurance payments. In 1948 the figure was 8 percent.

In spite of the broadened coverage some of the public are seeking more extensive protection. There are those who advocate insurance broad enough to cover all medical expenses.

Health insurance is relatively new and has been developed gradually. No doubt it will be improved with the passage of time and with the gaining of experience. No doubt it will provide broader coverage in the future. However, as it is changed and improved, two basic principles

must be followed if health insurance is to function as it was intended.

One is a matter of price. Medical insurance is most useful for those of limited means. The addition of added benefits will necessarily increase the cost. If enough benefits are added the resulting increase in premiums will price the insurance out of the reach of the segment of population which it serves best.

The other insurance principle which is applicable in this case is indirectly connected with the cost. Insurance is a means of sharing the cost of unpredictable and expensive individual events among a large number of subscribers. Not all events are equally suitable for insurance coverage.

In general, the more expensive a situation is, and the less often it occurs, the more ideal it is for insurance protection. On the other hand, events which occur more often and for which the cost is more uniform are less suitable as insurance risks.

Medical care is made up of many items, some

of which are uncommon and may be expensive, others of which are very common and usually not costly. A certain amount of basic medical care is or should be utilized by everyone. This type of health care is predictable and its cost can be estimated in advance. Insurance protection for routine medical attendance is more expensive than it would be if it were paid for directly because the administrative expense of processing claims is added on.

The processing expense for a small claim is the same as for a large one, and may equal or

exceed the amount of the small claim. In larger amounts the administrative expense is small in comparison with the claim itself and therefore does not add materially to the total cost.

Health insurance today generally covers the costs that are most difficult to meet, hospital bills and physicians' fees while in the hospital. However, there are circumstances in which families incur high expenses for illnesses which are rare and which are in no way predictable. It is in this field that the broadening of health insurance coverage is destined to be of great assistance.

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## COST OF MATERNITY CARE

**I**F IT WERE NOT for inflation, the care of maternity cases today would be considerably less expensive than it was in 1930. This is an odd-sounding statement, but it can be supported by facts, some of which are quoted below.

In a day when everything, including medical care, is considered as high priced, even without inflation, it is interesting to inquire into the reasons for this happy circumstance.

With maternal and neonatal mortality rates at a new all-time low it is evident that maternal and obstetrical care is remarkably effective. To explain why this is accomplished today with less hospital care, with lower drug costs, and with less nursing service, it is necessary to conclude that all these things today are more efficacious, and are achieving better results even though used in smaller quantities.

Aside from the advances in medical skill and knowledge, one must also conclude that the public is becoming educated to accept and take advantage of these medical advances. Today the increasing proportion of expectant mothers who seek and follow pre-natal advice, and who procure medical care for their children, is a large factor in the lowered mortality records and in the statistically smaller hospital bills.

A recent medical statistical bulletin\* outlines

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\* Progress in Health Services—Health Information Foundation, January, 1957.

some significant cost figures on maternal care. During the period 1928-1931 the total cost of maternity cases was on the average \$160. If this amount is transposed into 1957 dollars it would be \$258. Actually the average cost today is only \$213, 18 percent lower.

Hospital costs for maternity care, when stripped of inflationary effects, have dropped about 10 percent, and when the cost of special nursing is included in the hospital bill the decrease is more than 25 percent (because special nursing is so seldom required today). The average hospital charge in 1930 was \$64. A similar amount of hospitalization today would be \$102. Actually the average hospital bill is now \$92.

Physicians' fees for obstetrical care have increased slightly, about 9 percent, since 1930. This increase is regarded as small, when it is considered that more prenatal care is given than ever before.

The fact that an ever increasing number of pregnant women receive adequate prenatal care probably is a large factor in the reduction of hospital bills, and in the lowering of complication and mortality rates.

However, as gratifying as the results are, there are indications that further improvements may be expected. The foundation points out that full advantage is still not taken by all patients,



and that in general people in the lower income groups and those with meager education do not receive ideal prenatal care.

Since economic factors are not a deterrent to

the acquisition of good medical care, it would seem that the public should be better informed as to the benefits of good prenatal and maternity care.

## Guest Editorial:

### THE HANDY TRADENAME

ALWAYS, some medical pedant is trying to get us to use generic names instead of trade-names. If the surgeon shouts for Adrenalin, he's committing a crime. He should purse up the lips and say "epinephrine." If your chronic alcoholic friend (not mine; mine are abstainers) wants to try a reconditioning drug, you're supposed to advise disulfiram, though no one else will recognize Antabuse under that fancy sobriquet. For epileptics you are urged to advise diphenyl hydantoin, since the heavens will fall if you dare utter Dilantin. Seasick? Try meclizine—or dimenhydrinate. Never heard of them? Oh, they are just Bonamine and Dramamine. And so it goes. If the pundits have their way you'll be taking pentobarbital instead of Nembutal and giving your patients meperidine instead of Demerol.

The purists who are trying to squeeze us into this semantic strait-jacket are well-intentioned. They don't want us to mention one tradename if there are other equally good brands around. I don't suppose you can say that Equanil is any better than Miltown or *vice versa*, and therefore the generic name, meprobamate would be less embarrassing. So, Achromycin is only one of several good brands of tetracycline, just as Terramycin is but one of many fine brands of oxytetracycline. And the guardians of our language want to avoid the charge of brand favoritism.

It seems to us, however, that all this pedantry is missing the point. The purpose of language is to communicate. If you get up at a medical meet-

ing and tell the doctors that you have been able to put your patients to sleep with parafynol, they'll go looking for some kind of paraffin, though plenty of Dormison is available in the corner drug store. You will have failed to communicate. I doubt if more than one doctor in ten will, without looking it up, recognize such generic names as disulfiram, thiopental, hexobarbital or meclizine.

That being so, you have to be awfully stubborn to keep speaking a language your hearers and readers don't understand.

Let's face it. We ask for Coca-Cola, Vaseline, Frigidaires, and other brand-named products because we know that the companies stand behind them. If it weren't for the protection offered by the tradename, many American companies would not continue to produce. Why should a drug manufacturer sink millions in research and promotion, if some less solid manufacturer can cut corners, make a second-rate imitation, use the same name, and reap the rewards of the first company's labors? If you have ever used the shoddy products put out in some foreign countries, you'd be grateful for brand-named items.

When I say Adrenalin, Benzedrine or Combiotic, that is what I mean—and not some pedant's "pharmaceutic equivalent."

And if my patient goes into heart failure, I'll shout for a brand name product like Cedilanid. He'd be dead by the time I could say "desacetyl lanatoside D."

—*The Journal of the Medical Society of New Jersey*

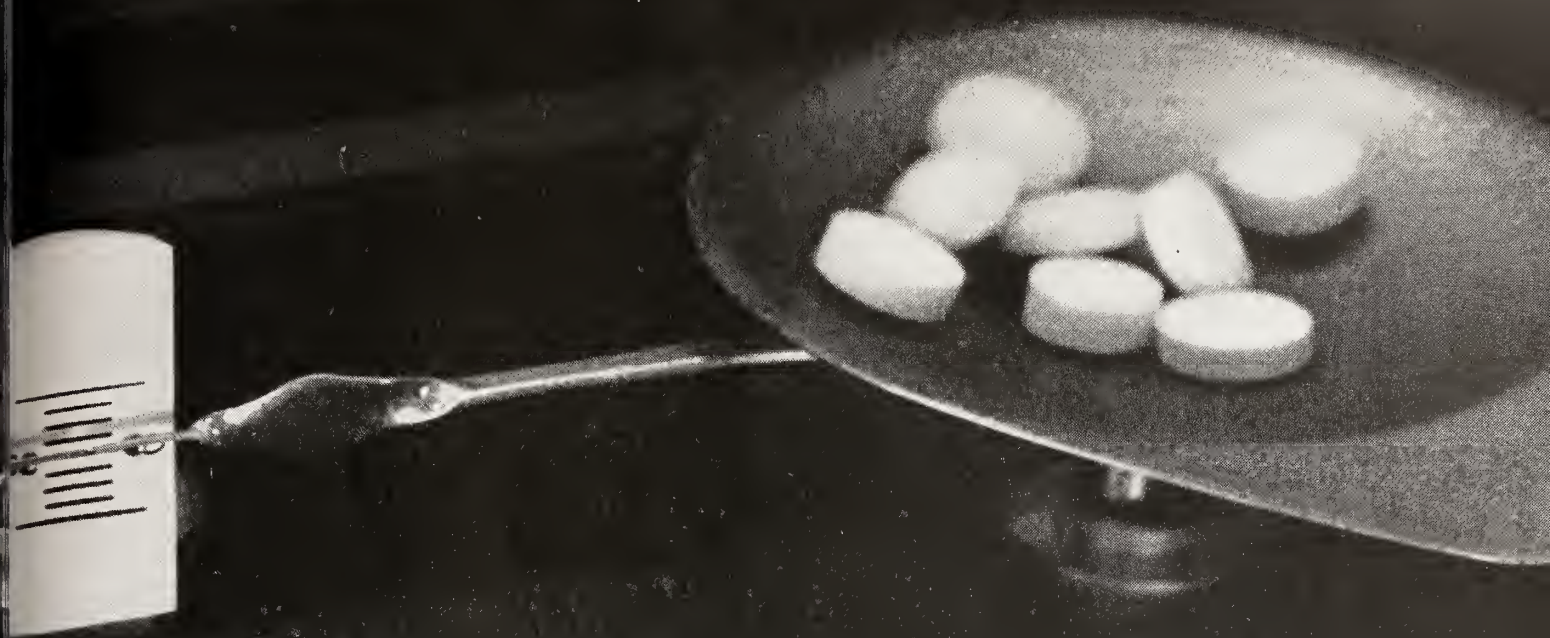


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1. Boger, W. P.; Strickland, C. S. and Gylfe, J. M.: *Antibiot. Med. & Clin. Ther.* 3:378 (Nov.) 1956.

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<sup>1</sup>Reg. U.S. Pat. Off.



# The President's Page

## HIGHLIGHTS OF THE A.M.A. MEETING

A MODERN American Medical Association convention is impressive indeed in its scope, size, attendance and variety of activities. This is indicated in one way by the very fact that only four cities in the country are now considered large enough to be the host cities. This was a very well-attended convention—perhaps one of the largest in number of physician-registrations. Daily bulletins showed a count of 19,469 physician registrations. A list of Indiana physicians who were there will be published in August.

Press notices and coverage of the convention were voluminous and generally favorable. Every paper we saw in the New York metropolitan area carried accounts of it.

The exhibits, both scientific and commercial, and the scientific programs were held in the new Coliseum (four floors with escalators), while the business sessions, such as meetings of the House of Delegates and of the reference committees, were held for the most part in the Waldorf-Astoria Hotel. The Coliseum made an ideal location for the exhibits, although at some distance from the central group of hotels. Some of the scientific exhibits took a very practical turn, such as offering to give the doctors free Salk vaccine polio shots, chest X-rays, and electrocardiograms, thus pointing up the need for physicians to take better care of their own health, and to do it in time. The ever-popular fracture booths with doctors putting on plaster casts for various hypothetical fractures attracted many. Diabetes and a timely discussion of the new oral preparations also came in for several exhibits and widespread attention. The question of peri-natal mortality was well illustrated in several booths. This question is the subject of an analytic study in the State of Indiana at the present time, in an effort to accomplish by such a study something similar or comparable to the reduction in rates accomplished by the study of maternal mortality. Studies of cardio-vascular disease were shown, including the use of anticoagulants. A report of the four-year study on the cigaret-cancer question was made, and this is to be continued.

One of the most important lectures from the standpoint of public relations and publicity was that given by Dr. Herbert Berger of New York on the use of amphetamine and similar drugs as stimulants for athletes. Especially notable was the statement as quoted that "the recent rash of four-minute miles is no coincidence." This set off a flurry of publicity and charges and countercharges from coaches and athletes, and we shall probably hear more about this question in the future.

The winners of the Science Fair at Los Angeles were given display space for their exhibits. They were Miss Dorothy Lundquist from South Dakota, whose subject was "The Effect of Inadequate Sleep Upon Physical and Mental Alertness," and Warren E. Paine of Maryland on "Spray Method for Autogenous Skin Grafts." Both winners were at their booths to show and explain them to visitors.

Dr. Gunnar Gunderson of Wisconsin, long-time member of the Board of Trustees and its Chairman the past two years, was unopposed in his election as President-elect. Dr. David Allman of Atlantic City, going in as President, made a fine speech of acceptance, outlining some of the aims and purposes of the American Medical Association, as well as some guides for the individual doctor, emphasizing his need of maintaining the personal touch.

Politically, we of Indiana were well pleased at the results of the elections, as Dr. Cleon Nafe was elected a Trustee of the A.M.A. and Mrs. Ethel Gastineau was elected First Vice-President of the Woman's Auxiliary.

There was general praise for the administration of Dr. Dwight H. Murray, as most of the doctors felt that he had worked very hard in organized medicine. As a former Indiana man and an elected "Life Member" of the Indiana State Medical Association, we were especially interested in him and his administration. He was a visitor several times to our Indiana Hospitality suite.

Speaking of this, I cannot say too much in praise of the topnotch "hosting" that was done there by Mr. and Mrs. "Jim" Waggener and Mr. and Mrs. "Bob" Amick. They were on duty early and late, maintaining Indiana's reputation for friendliness and cordiality.

One of the nicest things about attendance at these big conventions is the number of people one sees that he has known before at medical school, hospitals or previous conventions—and the more one goes, the more friends one sees. And, speaking of conventions, I hope that all of you can come to our annual I.S.M.A. meeting, October 7 to 9 (with business meetings on October 6) at French Lick this year.

See you there!

Elton R. Clance, M.D.

# The Law Regarding Sterilization

ALBERT STUMP

*Indianapolis*

**H**EATED ARGUMENTS sometimes develop on the question of voluntary non-therapeutic sterilization. Some regard it as immoral. Some regard it as highly moral, even raising it to the level of a duty under some circumstances. This article is not intended to have any value for anyone as an argument on either side of that controversy. The subject discussed in this article is what the law is—not what the law should or should not be. The ethical, moral, and religious elements that might be involved in the subject are entirely outside the scope and intent of this article. It has to do only with what the law on the subject is in the State of Indiana.

Since the last article published in this Journal on the subject of non-therapeutic sterilization, which was in 1947, two cases have reached the courts. They will be reviewed briefly.

1. In the first case, an operation to produce sterility was performed upon the husband. His physical condition required no therapy of any kind. But the physicians decided that the condition of his wife's health contra-indicated future pregnancy. Through a quirk of legal reasoning the court spoke of this operation as a therapeutic operation. But where the operation involves therapy it had always been thought of as a procedure for the improvement of the health of the person operated upon, not as a therapeutic procedure for the benefit of someone else. For some reason, in spite of this operation, the wife later became pregnant, and gave birth to a healthy baby without detriment to her own health. The question concerning the law arose in a peculiar manner. The doctor sued the husband to collect his fee. The husband defended on the ground that the contract for the operation was immoral and unlawful and therefore contrary to public policy, and could not be enforced. The defense failed, and the physician obtained a judgment against the husband for his fee. If the court had

regarded the contract as unlawful, immoral, or contrary to public policy, the physician would have lost his case—for the courts will not enforce a contract tainted with those qualities. So the entry of a judgment in favor of the physician can be construed as a determination by the court that the contract for the performance of sterilization was lawful, and that therefore the operation itself was lawful, since one cannot make a lawful contract to do an unlawful thing.

2. In the second case the husband employed a physician to perform an operation for his sterilization for the purpose of preventing his wife from becoming pregnant. The physician performed the operation and collected his fee. Then later the wife became pregnant. Both the husband and the wife accepted as a fact in the case that the husband was the father of the child. Then the husband sued the physician for malpractice, alleging that the physician had performed the operation negligently and carelessly and that if he had done the work properly the pregnancy would not have occurred. The court held that the complaint stated a cause of action—which amounted to a holding by clear inference or implication that the contract to perform a sterilization was lawful, and that if a physician made such a contract and undertook to perform it, it was his duty to perform it properly. This case never came to trial. By the time it had reached the point where it could be set down for trial the child had been born and the husband and wife were happily reconciled to what they had formerly condemned as the bungling work of the physician.

Sterilization performed upon the request and consent of the person sterilized is not defined as a crime in any statute in Indiana. And there are no crimes in Indiana except such as are specifically and definitely defined by statute. Sterilization has been provided for under statutes



which authorize courts to order the operation performed on mental defectives in State institutions who are the potential parents of defective or socially inadequate children. Thus the operation may be performed without the consent of the person who is to be sterilized, if the person is confined to a State institution. This law has been held to be constitutional.

The same reasoning which supports its validity also supports the conclusion that if a court having jurisdiction of persons under guardianship were to order a person sterilized, the physician who performed such an order could successfully defend against liability on the ground that he acted on the order of the court. Of course the rights of individuals, whether mentally defective or otherwise under the wardship of the court, are protected by the usual safeguards of one on trial in a court, or on appeal from a decision of a trial court.

The law that authorizes sterilization of defectives in institutions limits the surgical methods by which such sterilization may be accomplished, and confines the procedure to vasectomy and salpingectomy. Non-therapeutic castration is never lawful under any conceivable circumstances.

The consent for sterilization is an important matter. It should be in writing, not because the law requires it, but so that if a question as to

whether consent was actually given ever arises the definite proof of consent will be available. In this connection the question may arise as to whether the consent of the spouse is also necessary. No decided cases upon this point have been found, but under general principles of law the consent of the spouse does not appear to be necessary under the modern laws pertaining to the rights of married women. It was otherwise under the ancient and harsher rules of law which held that when a man and woman married they became one—and that one, for most purposes, was the husband. Under modern statutes for the emancipation of women the law now generally recognizes that when a man and woman marry they become one married pair or couple, but that the pair or couple has two members with each one of them having personal rights which are not under the control of the other.

However, there is always the possibility that the husband or wife might claim to have had some interest in the fertility of the other and might try, by bringing a lawsuit, to recover for damage to such interest if the other is sterilized. So, as a matter of protection against a lawsuit even being brought, it is advisable to have the consent of the patient and also of the spouse.

The consent is not valid unless it is obtained with knowledge of the results to be anticipated. So, again it is advisable for the physician to have

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## THE STORY BEHIND "WHITEHALL 4-1500"

"What doctors do as a group is sometimes more important than what they do individually." These are the words of news commentator John Cameron Swayze in setting the stage for a new A.M.A. film, a series of incidents documenting how organized medicine serves Americans everywhere. Swayze is narrator for this 30-minute color film scheduled for release to medical societies for local showings September 1. The film will be premiered August 28 at A.M.A.'s Public Relations Institute in Chicago.

Titled "Whitehall 4-1500," the film tells the story behind this phone number, which puts a caller in touch with America's physicians as a group—the A.M.A. headquarters in Chicago. Dramatic short sequences show how A.M.A. in action helps to save youngsters' lives through poison control activities, to reduce highway deaths, to place physicians in isolated areas, to make jobs safer for industrial workers, and life better for everyone. It reveals the story of A.M.A. efforts to solve many current health problems, such as alcoholism and mental illness.

a written record showing that those giving consent have been advised of the nature and effects of the operation.

We would therefore advise that a request and consent in writing be obtained before an operation for sterilization is performed, and that the request and consent be substantially in the following form:

REQUEST AND CONSENT FOR OPERATION TO PRODUCE STERILIZATION

We, \_\_\_\_\_ and \_\_\_\_\_, husband and wife, residing in \_\_\_\_\_ County, Indiana, and both being of sound mind and both having been fully advised of the nature and effects of the operation for sterilization, do hereby employ Dr. \_\_\_\_\_ to perform the appropriate operation now recognized, approved and accepted by physicians as the operation to be used for producing only sterilization of \_\_\_\_\_, one of the undersigned.

Each of us has been advised as to the implications involved in the operation for sterilization only, and each requests and consents and desires that the said operation be performed, and each promises and agrees that if it is performed by said physician, we, and each of us, will protect, indemnify and save harmless the said physician against any claim, demand, suit, action or proceeding that may ever be brought by anyone against the said physician on account of his performing the said operation, and that neither of us will ever make any such claim or demand on account of the said operation. The undersigned make this request, consent and promise for the purpose of inducing the said physician to perform the said operation.

IN WITNESS WHEREOF, on this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_, we have hereunto subscribed our names and have acknowledged the execution of this document as our own voluntary act and deed without any inducement or persuasion thereto by the said physician, or by anyone on his behalf, or by anyone else.

\_\_\_\_\_  
\_\_\_\_\_

WITNESSES:

\_\_\_\_\_  
\_\_\_\_\_

# Survey of Legal Articles in Yearbooks

ALBERT STUMP

*Indianapolis*

A SUBSTANTIAL PART of the Medical Yearbooks of The JOURNAL of the Indiana State Medical Association since 1947 has consisted of articles dealing with legal problems in the practice of medicine. If the Yearbooks have been preserved by physicians for purposes of reference with respect to legal problems their value would be somewhat enhanced by a review and revision where necessary to bring those articles up to date to show any important changes that may have occurred in the law since they were written. But there are too many of such articles to attempt to revise and bring them all up to date in one article. Besides, there are some subjects which may not be of as great current interest as they might have been at the time they were written. So the purpose of this article will be to give only a résumé of all that has been published in that field in the Yearbooks beginning with 1947.

## MEDICAL-LEGAL ARTICLES IN THE 1947 YEARBOOK

1. "Laws Pertaining to Malpractice,"—in which was summarized the applicable common and statutory law; what the statutes required in the way of reports and records; classification of the types of cases most frequently occurring in malpractice litigation; and suggestions on how either to avoid being sued or defend successfully.

2. "Physicians in Court,"—which deals with the conditions to be met in a court room and advice as to the conduct of physicians either as witnesses or as parties to litigation.

3. "Privileged Communications,"—which summarizes the law regarding confidential information.

4. "Narcotic Laws,"—which is a condensed statement of both the State and Federal laws on the subject of narcotics.

5. "Statutes of Indiana Regulating the Practice of Medicine,"—which reviews the statutes

from the basic regulatory Act of 1899 to the Act of February 28, 1945, under which five regular physicians are appointed to the Board of Medical Registration & Examination instead of five physicians among whom had to be included one physio-medical physician, one eclectic physician, one homeopathic physician, and one the homeopaths designated as allopaths.

6. "Beginning, Continuing, and Terminating the Relationship of Physician and Patient,"—which deals not with the obligations of the physician during the existence of the relationship but only with how the relationship is begun, and what the law is regarding its continuance and its termination.

7. "The Law Pertaining to Internes, Externes and Residents,"—which defines and states briefly the responsibilities of each group.

8. "Care of the Insane,"—condenses a statement of the procedure for bringing the insane within the care provided by the State.

9. "The Physician and the Welfare Acts,"—which was intended as a summary for the guidance of physicians in bringing patients within the benefits of such Acts where they are entitled to receive benefits.

10. "Workmen's Compensation Act,"—which deals with the medical provisions pertaining to industrial cases.

11. "Trusts, Life Insurance, and Annuities,"—a short statement of the need of the physician for professional legal and business assistance in regard to making provisions for the future of himself and his family.

12. "Sterilization,"—a short statement confined to what the law in Indiana is upon this subject but without comment or discussion as to what the law ought to be.

13. "Laws Regarding Abortion,"—a short

*Continued*



statement of the Indiana laws on this subject as they are but without comment or discussion on what they ought to be.

14. "Regarding Birth and Death Certificates,"—a summary of the law on this subject.

15. "Legal Aspects of Autopsies,"—a short summary of the law pertaining to this subject.

The articles in this 1947 Yearbook reached this large number because of the desire of the Association to cover, at least in summary fashion, the subjects concerning which the physicians had sent inquiries to the attorney for the State Association over a number of years.

### **MEDICAL-LEGAL ARTICLES IN THE 1948 YEARBOOK**

1. "The Effect of Taxes on Your Estate Plans,"—since the tax laws have been changed considerably since 1948, particularly in 1954, this article is not of current value.

2. "Malpractice, Casualty and Fire Insurance"—a suggestion as to the importance of obtaining such insurance with adequate coverage.

3. "Group Practice of Medicine",—which outlines the practice through a partnership arrangement, and through the use of a corporation to handle the business part of the relations between the physicians in the group.

4. "The Business Part of the Practice of Medicine",—which discusses the basis upon which fees may be charged and the procedure for their collection.

5. "Investments and Protection",—a short discussion of the manner in which investments are made where the object is the protection of one's self in the future or of his family.

6. "Malpractice and Malpractice Suits",—a discussion of the reasons for the increasing number of such suits.

7. "Reciprocity Between States Regarding Admission to Practice".

8. "Laws Pertaining to the State Board of Medical Registration and Examination",—some comments upon the requirement of annual registration of physicians and the reporting of epilepsy and other types of unconsciousness, as changes in the medical practice law.

9. "Regarding the Laws of Adoption",—a short summary of such laws.

10. "Regulation Licensing of Hospitals",—some comments upon the 1945 Act regulating the operation of hospitals.

11. "Tests for Syphilis",—a discussion of the law requiring physicians to test pregnant women for syphilis.

This series continued what had been started in 1947, of giving a summary of the law in fields in which physicians had made inquiries.

### **MEDICAL-LEGAL ARTICLES IN THE 1949 YEARBOOK**

1. "Rights of Tax Officials in Regard to Records of Physicians",—a summary of the State and Federal laws pertaining to that subject.

2. "Marriage Laws",—a short summary of the marriage laws, particularly in relation to health problems.

3. "Law Pertaining to Nurses",—a summary of the 1949 Act for the regulation of the practice of nursing.

4. "Rules and Regulations of Public Hospitals",—which gives a summary of a case involving the question of the right to limit the practice of physicians in public hospitals.

5. "The Collection of Physicians' Accounts",—a discussion of the problems that arise in enforcing the payment of physicians' accounts.

6. "Malpractice",—a discussion of the problem of when the use of new remedies is appropriate and does not constitute mere experimentation.

7. "Regulation of Barbers",—a summary of that law and its purpose for the protection of public health.

8. "Beauty Culturists",—a summary of the law with some comment on the dividing line between beauty culture and medicine.

9. "Privileged Communications and Right of Privacy",—a discussion of a case involving alleged invasion of the right of privacy in connection with the attempt of the physician to collect his bill.

## **MEDICAL-LEGAL ARTICLES IN THE 1950 YEARBOOK**

1. "Artificial Insemination",—a discussion of legal questions involved in this procedure.
2. "A Doctor Makes a Will",—an illustrative case of the manner in which a short will may defeat the purpose of its maker.
3. "Some Non-Medical Obligations of Physicians",—a statement of obligations of the physician which may be outside of his relationship to his immediate patient, and yet be in the field of medicine.

## **MEDICAL-LEGAL ARTICLES IN THE 1951 YEARBOOK**

1. "Individuals and Groups in Medical Practice",—deals with the comparative situations in individual and group practice, and with the possibilities of different forms of group practice.
2. "Adequate Insurance Against Liability for Malpractice",—an article dealing with the amount of liability as disclosed in the verdicts of juries and the premium costs for adequate coverage in the rate structure of St. Paul Mercury Indemnity Company, which company was recommended by the State Association.
3. "Hospital-Physician Relationships",—an article emphasizing the importance of the cooperation of physicians in making hospital rules and regulations.

## **MEDICAL-LEGAL ARTICLES IN THE 1952 YEARBOOK**

1. "Income Tax and Referral Fees",—deals with fees which may be paid by one physician to another where the other assists in performing the service or where he does not assist, in relation to income tax.

## **MEDICAL-LEGAL ARTICLES IN THE 1953 YEARBOOK**

1. "Legal Adoptions in Indiana and Statutes Governing Them",—a summary of the legal problems involved in adoptions.

## **MEDICAL-LEGAL ARTICLES IN THE 1954 YEARBOOK**

No medical-legal papers were included in this Year Book.

## **MEDICAL-LEGAL ARTICLES IN THE 1955 YEARBOOK**

1. "The Doctor and the Tax Collector",—some comments upon the attitude of an occasional tax collector toward the medical profession and the importance of being able to prove the accuracy of tax reports.

## **MEDICAL-LEGAL ARTICLES IN THE 1956 YEARBOOK**

1. "The Law Pertaining to Autopsies",—an article summarizing this law and suggesting a form of consent for a general autopsy and for the removal of parts of the body for transplantation or further study.

## **CONCLUSION**

The above listing of the titles of medical-legal papers published in the Yearbooks with the brief indication of their contents where the title may not do so, indicates the wide range of legal problems that may arise in the practice of medicine. The law has not changed so radically as to make the above articles obsolete except where indicated. But there has been a development of additional law in the field of medical jurisprudence just as in every other field of human activity. This additional law is more likely to be found in the decisions which illustrate the manner in which old principles are applied to new states of facts, than in the development of new principles.

If physicians who take the time to read this survey will send letters in to the State Association with their questions concerning any medical-legal subject this article or their own experience may suggest to them, an effort will be made to find the answers and present them in future issues of The JOURNAL.



# Net Gain of 3,804 Physicians in U.S. Reported for 1956 by A.M.A. Council

**T**HE PHYSICIAN POPULATION of the United States increased by 3,804 in 1956, according to the annual report on physician licensure by the American Medical Association's Council on Medical Education and Hospitals.

Actually 7,463 physicians received their first licenses to practice medicine and surgery in 1956. However, 3,659 physicians died during the year. Subtracting this number from the number licensed for the first time leaves a gain of 3,804 in the total American physician population.

The council's 55th annual report appears in the May 25 Journal of the A.M.A.

State and territorial boards issued 14,543 licenses during the year, but 7,080 went to doctors already holding licenses from another state or to men who took examinations in more than one state.

Of the total licenses given, 7,122 were by written examination and 7,421 by interstate reciprocity and other methods. Compared with 1955, a near-record year exceeded only by 1946 and 1954, there was a decrease of 297 in the total number of licenses issued.

Most candidates who received licenses by examination came from the 76 approved four-year medical schools in this country and 11 in Canada. The rest were from foreign schools, unapproved schools, schools of osteopathy, and schools no longer operating. Only 4.5 per cent of the 6,149 graduates of approved American schools failed to get licenses. Most failures occurred among graduates of foreign, unapproved or osteopathic schools.

The greatest number of licenses (1,745) was issued by California. New York issued 1,355. More than 500 each were given in Florida, Illinois, Michigan, Ohio, Pennsylvania, and Texas. South Dakota granted the smallest number—18.

The greatest number of graduates from any one school examined was 231 from the University of Tennessee, a state university. The greatest number examined from a private school was 175 from Tulane University School of Medicine. Twenty-seven schools each had more than 100 of their graduates examined for licensure.

Graduates of the new University of Miami School of Medicine, Coral Gables, Fla., and the University of Puerto Rico School of Medicine appeared before medical examining boards for the first time. All 26 of the University of Miami graduates passed.

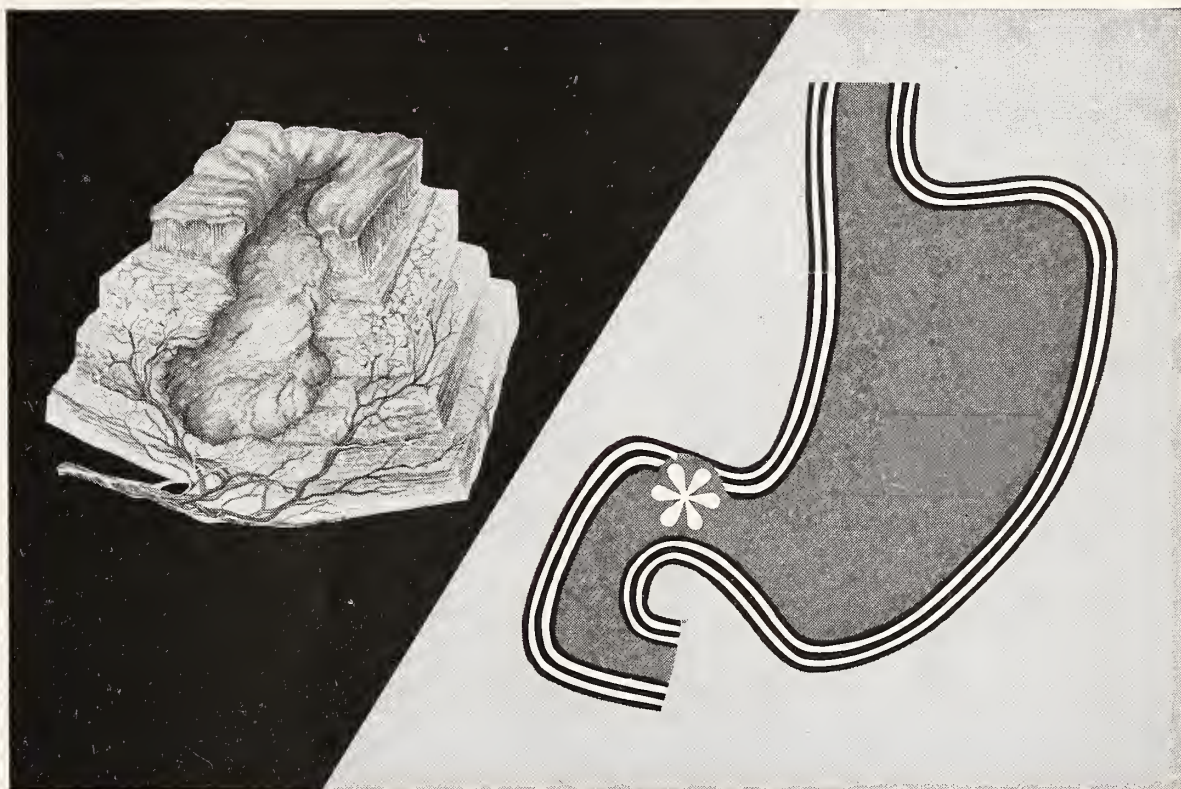
Eight other schools also had no failures among their graduates. They are Albany Medical College, Albany, N. Y., Woman's Medical College of Pennsylvania, the Medical College of South Carolina, the University of California at Los Angeles and San Francisco, and the Universities of Southern California, Washington, and Wisconsin.

Foreign school graduates, including both American and foreign-born persons, took 1,783 examinations, with 1,012 passing. This is a slight decrease from the number who passed in 1955. There were 852 foreign-trained physicians who received their first American licenses. Of these, 834 received their licenses by examination and 18 by endorsement of credentials. These physicians represented medical schools in the Philippines, New Zealand, 16 South and Central American countries, 24 European countries, and 13 Asian countries.

The number of licenses issued on the basis of geographical areas were: New England, 407; Middle Atlantic, 1,532; East North Central, 1,437; West North Central, 824; South Atlantic, 1,210; East South Central, 469; West South Central, 624; Mountain, 175; Pacific, 720, and territories and possessions, 65.



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**SEARLE**

# Nine Young Hoosier Scientists Place in National Science Fair at Los Angeles

ON MAY 8, eighteen youthful scientists from nine Indiana regional contests began an adventure which was the culmination of their individual achievements in science research—research which had won them the right to compete nationally.

These young students with their teacher sponsors, representatives of the Indiana State Medical Association, and other members of the official party of 40 (the largest group from any state) flew to Los Angeles at the expense of the Medical Association to compete for awards at the National Science Fair, which was held in the Los Angeles County Museum May 9 through May 11.

Accompanying these scientists of the future were Dr. M. C. Topping, Terre Haute, president-elect of the Indiana State Medical Association, and Dr. Ralph C. Eades, Valparaiso, who has been a pioneer in the Science Fair movement in Indiana.

More than 233 finalists from 123 local fairs competed for prizes and recognition and Indiana's boys and girls statistically walked off with more awards than any other group. Of the 18 competitors from Indiana 9 placed in the second, third and fourth place groups to lead the field in numbers in the winning categories, and tie with California for a 50 per cent winning field. California placed 8 of its 16 entrants.

## SELECT INDIANA EXHIBITORS

In addition to the program, tours, and entertainment provided by the National Science Fair group in Los Angeles, the Indiana State Medical Association held a breakfast at the Mayfair Hotel on Friday morning, May 10, at which time Dr. Topping announced the winners he and Dr. Eades had selected to display their projects at the annual convention of ISMA at French Lick this Fall. The winning student displays will be shown in the section with professional scientific exhibits.

These winners were Ronald Lee McCoskey, 16, Wiley High School, Terre Haute, whose exhibit was "Phosphors—Their Use in Color

Television"; and Charles E. Pitzele, 15, Oliver Perry Morton High School, Hammond, whose research project was "Effect of Electrical Stimulus on the Brain of the Albino Rat."

Alternates selected by Dr. Topping and Dr. Eades were David Pfendler, 15, West Lafayette High School, West Lafayette, who displayed his research project "Effects of Climatic and Seasonal Changes on Frequency of Nocturnal Insects"; and Leslie R. Wright, 16, William W. Borden High School, Borden, whose project was "Stream Pollution Study of Muddy Fork Creek."

## A.M.A. ENTERTAINS GROUP

On Friday night a treat was provided for the entire group when the American Medical Association held a dinner at the Biltmore Hotel. Dr. Dwight H. Murray, president of AMA and a former Hoosier, was present at the dinner as was Dr. Vincent Askey, speaker of the AMA House of Delegates, and other dignitaries of AMA. Here, two young scientists were awarded the right to exhibit at the AMA's annual convention in New York June 3-7. The AMA award is bestowed in addition to the regular prizes of the National Science Fair. All expenses will be paid by AMA and each winner received a plaque.

## INDIANA'S WINNERS

Leading Indiana's group for honors in the National Science Fair Competition were Elizabeth A. Campbell, 18, Our Lady of Providence High School, Clarksville, whose research project was "Nitro-Methane—A Fuel Additive"; and Eileen Jane Settle, 17, Portland, whose project was "Insects on 160 Acres." They were in the second place winning group and received \$75 worth of scientific equipment of their own choice.

Winners of third place awards which included scientific equipment of their own selection valued at \$50, were Robert L. Bina, 17, St. Meinrad, whose project was "An Interferometer"; and Margaret Ann Reynolds, 17, Washington High School, Indianapolis, whose project was "Effect

*Continued*



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Fourth place awards included \$25 in scientific equipment of their own selection and went to:

1. Jon Harold Bechtel, 17, Goshen High School, Goshen

Project: "Linkages in Third Dimension"

2. David L. Cocanower, 17, Elkhart High School, Elkhart

Project: "Relation Between the Nitrogen Surface Area and Contact Noise in Painted Carbon Film Resistors"

3. Robert M. Ennis, Jr., 18, Bishop Noll High School, Hammond

Project: "Synthesis of a Relay Computing Surface"

4. David Pfendler, 15, West Lafayette High School, West Lafayette

Project: "Effects of Climatic and Seasonal Changes on Frequency of Nocturnal Insects"

5. Nelson Lee Zinsmeister, 18, Chester High School, North Manchester

Project: "Diagonal Behavior in the Platonic and Archimedean Polyhedra"

The "airlift" operation was unique in the annals of Science Fairs and many people were generous in their praise of the ISMA for supporting such a worthwhile project.

Dr. R. W. Lefler, Department of Physics, Purdue University, and state coordinator for the Science Fair, expressed it when he said, "Truly the Indiana State Medical Association has been an 'angel.' This trip will be remembered always by these boys and girls."

And so it will be, aided by the many pictures these young students had a chance to take of Bryce Canyon, Denver, Colorado, Pike's Peak, of beautiful rock formations and desert from 7,500 feet in the air. There was further evidence of the value received by the student scientists as they boarded the plane for the return trip with added baggage weight, assorted literature, rolls of exposed film, award ribbons and a general state of happy exhaustion.

**EN ROUTE**—Hoosier students and their instructors, accompanied by ISMA President-elect M. C. Topping, M.D., and Ralph C. Eades, M.D., board a plane at Chicago as guests of ISMA on their flight to the National Science Fair at Los Angeles.





AT LOS ANGELES—Exhibitors and sponsors, left to right, are: Jon Harold Bechtel; Elizabeth A. Campbell; Kenneth H. Bush, sponsor, and David Pfendler; Margaret Ann Reynolds; David L. Coganower; Charles E. Pitzele and Dr. Eades; Robert M. Ennis, Jr.; Robert L. Bina; Charles E. Pitzele, Dr. Topping, and Ronald Lee McCoskey; H. Harold Hartzler, director Goshen College regional fair, and N. E. Adams, teacher, Elkhart; Eileen Jane Settle, and her father, teacher and sponsor, Ralph Settle; and a group of the contestants with Dr. Ralph Leffer, Purdue University, coordinator of the State Science Fair, at far right.







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## **I.U. Medical Center Activities Reported**

Postgraduate medical education, already an integral part of the teaching program of the Indiana University School of Medicine, is being revitalized and expanded for a more effective role in keeping physicians abreast of advances in medicine and management of disease.

Expansion of the postgraduate program, being directed by Dr. W. Donald Close, associate professor of medicine, aided by a faculty committee, contemplates an augmented series of courses supplemented by clinics and special lectures, utilizing both members of the faculty and visiting authorities.

More than 500 physicians, some of them from other states, registered for postgraduate meetings at the I.U. School of Medicine during the past year.

Dr. Ward Darley, executive director of the Association of American Medical Colleges, was the principal speaker for the 10th Annual Alumni Day of the Indiana University School of Medicine, May 8. Two of the three living members of the school's first graduating class, in 1907, Dr. A. A. Kramer, South Bend, Indiana, and Dr. A. J. Blickenstaff, Peoria, Illinois, were in attendance.

Faculty advisors to premedical and pre dental students from 18 Hoosier colleges and universities participated in a conference with faculty admissions committees from the Indiana University School of Medicine and the School of Dentistry, recently, reviewing requirements for admission to the two professional schools.

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# Action of A.M.A. House of Delegates Reported in Condensed Version

**Dr. George M. Lull, secretary-general manager of the American Medical Association, gives highlights of New York meeting June 3-7.**

**R**EVISION of the Principles of Medical Ethics, relations with the United Mine Workers of America Welfare and Retirement Fund, the federal government's Medicare program, new standards for medical schools, a new statement on occupational health programs and the issue of Social Security benefits for physicians were among the wide variety of subjects acted upon by the House of Delegates at the American Medical Association's 106th Annual Meeting held June 3-7 in New York City.

Dr. Gunnar Gundersen of La Crosse, Wisconsin, member of the A.M.A. Board of Trustees since 1948 and chairman for the past two years, was unanimously chosen president-elect for the year ahead. Dr. Gundersen, who also was first chairman of the Joint Commission on Accreditation of Hospitals from 1951 to 1953, will become president of the American Medical Association at the June, 1958, meeting in San Francisco. There he will succeed Dr. David B. Allman of Atlantic City, New Jersey, who became the 111th president at the Tuesday night inaugural ceremony in the Grand Ballroom of the Waldorf-Astoria Hotel.

The House of Delegates voted the 1957 Distinguished Service Award of the American Medical Association to Dr. Tom Douglas Spies, head of the department of nutrition and metabolism at Northwestern University Medical School, Chicago, and director of the nutrition clinic at Hillman Hospital, Birmingham, Alabama, for his outstanding contributions to the science of human nutrition. For only the third time in A.M.A. history, the House also voted a special citation to a layman for outstanding service in advancing the ideals of medicine and contributing to the public welfare. Recipient of this award was Henry Viscardi Jr. of West Hempstead, New York, founder and president of Abilities, Inc., which employs only severely disabled persons.

Physician registration at the New York meeting had already reached an all-time high at 5 p.m. Thursday with 18,982 counted and scores of registration cards still unprocessed. The previous high was chalked up at the 1953 New York meeting when the five-day total was 17,958 physicians.

## NEW PRINCIPLES OF MEDICAL ETHICS

The House approved the long-discussed revision of the Principles of Medical Ethics, originally submitted at the 1956 annual meeting in Chicago. The final version, presented by the Council on Constitution and Bylaws and then amended by reference committee and House discussions in New York, now reads as follows:



## “PREAMBLE

“These principles are intended to aid physicians individually and collectively in maintaining a high level of ethical conduct. They are not laws but standards by which a physician may determine the propriety of his conduct in his relationship with patients, with colleagues, with members of allied professions, and with the public.

“Section 1.—The principal objective of the medical profession is to render service to humanity with full respect for the dignity of man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.

“Section 2.—Physicians should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional attainments.

“Section 3.—A physician should practice a method of healing founded on a scientific basis; and he should not voluntarily associate professionally with anyone who violates this principle.

“Section 4.—The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

“Section 5.—A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability. Having undertaken the care of a patient, he may not neglect him; and unless he has been discharged he may discontinue his services only after giving adequate notice. He should not solicit patients.

“Section 6.—A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill or tend to cause a deterioration of the quality of medical care.

“Section 7.—In the practice of medicine a physician should limit the source of his professional income to medical services actually rendered by him, or under his supervision, to his patients. His fee should be commensurate with the services rendered and the patient's ability to pay. He should neither pay nor receive a commission for referral of patients. Drugs, remedies or appliances may be dispensed or supplied by the physician provided it is in the best interests of the patient.

“Section 8.—A physician should seek consultation upon request; in doubtful or difficult cases; or whenever it appears that the quality of medical service may be enhanced thereby.

“Section 9.—A physician may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the character of patients, unless he is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

“Section 10.—The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual, but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community.”

*Continued*

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In approving the new Principles of Medical Ethics, the House of Delegates also reaffirmed the "Guides for Conduct for Physicians in Relationships with Institutions," adopted in 1951, and requested the Board of Trustees to devise and initiate a campaign to educate both physicians and the general public to the dangers inherent in the illegal corporate practice of medicine in its various forms.

### **GUIDES FOR RELATIONS WITH UMWA FUND**

In a key action on the basic issue of third-party intervention, as it affects the patient's free choice of physician and the physician's method of remuneration, the House adopted the "Suggested Guides to Relationships Between State and County Medical Societies and the United Mine Workers of America Welfare and Retirement Fund," which were submitted by the A.M.A. Committee on Medical Care for Industrial Workers. In approving the guides, the House also recommended that the Board of Trustees study the feasibility and possibility of setting up similar guides for relations with other third-party groups such as management and labor union plans.

The statement, which outlines both medical society and UMWA responsibilities, contains these "General Guides":

"1. All persons, including the beneficiaries of a third-party medical program such as the UMWA Fund, should have available to them good medical care and should be free to select their own physicians from among those willing and able to render such service.

"2. Free choice of physician and hospital by the patient should be preserved:

"a. Every physician duly licensed by the state to practice medicine and surgery should be assumed at the outset to be competent in the field in which he claims to be, unless considered otherwise by his peers.

"b. A physician should accept only such terms or conditions for dispensing his services as will insure his free and complete exercise of independent medical judgment and skill, insure the quality of medical care, and avoid the exploitation of his services for financial profit.

"c. The medical profession does not concede to a third party such as the UMWA Welfare and Retirement Fund in a medical care program the prerogative of passing judgment on the treatment rendered by physicians, including the necessity of hospitalization, length of stay, and the like.

"3. A fee-for-service method of payment for physicians should be maintained except under unusual circumstances. These unusual circumstances shall be determined to exist only after a conference of the liaison committee and representatives of the Fund.

"4. The qualifications of physicians to be on the hospital staff and membership on the hospital staffs is to be determined solely by local hospital staffs and by local governing boards of hospitals."

### **THE MEDICARE PROGRAM**

The House considered three resolutions dealing with the federal government's Medicare program for the dependents of servicemen. The delegates adopted one resolution condemning any payments under the Medicare program "to or on behalf of any resident, fellow, intern or other house officer in similar status who is participating in a training program." Government sanction of such payments, the House declared, would give impetus to the improper corporate practice of medicine by hospitals or other nonmedical bodies. Such proposals, the House added, would violate traditional patterns of American medical practices, seriously aggravate problems of hospital-physician relationships, encourage charges by hospitals for residents' services to patients not under the Medicare program, and create a variety of additional problems in such areas as medical licensure and health insurance.

In another action on Medicare, the House recommended that the decision on type of contract and whether or not a fee schedule is included in future contract negotiations should be left to individual state determination. In this connection, however, the House restated the A.M.A. contention that: the Dependent Medical Care Act as enacted by Congress does not require fixed fee schedules; the establishment of such schedules would be more expensive than permitting physicians to charge their normal fees, and fixed fee schedules would ultimately disrupt the economics of medical practice.

The House also suggested that the A.M.A.



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# Membership Roster

## INDIANA STATE MEDICAL ASSOCIATION

Following is a list of members of the Indiana State Medical Association as of December 31, 1956, plus those who have become members between December 31, 1956 and June 1, 1957.

The letter (S) following a name indicates that the physician is a senior member of his local society and of the Indiana State Medical Association. The letter (H) following a name indicates that the physician is an honorary member of his local society and the Indiana State Medical Association.

Names of members who have died during the year do not appear in this list.

If any errors are found in this list, please report them to THE JOURNAL, 1019 Hume Mansur Building, Indianapolis 4, Indiana. The cooperation of members is urgently requested.

### ALPHABETICAL LIST OF MEMBERS

Name	City	County	Name	City	County
<b>A</b>					
Aagesen, Walter J.	Anderson	Madison	Allen, Robert T.	Richmond	Wayne-Union
Abell, Charles F.	Marion	Grant	Almquist, Carl O.	Gary	Lake
Abramson, Allan L.	Gary	Lake	Altier, William H.	Fowler	Benton
Abreu, Benedict E.	Indianapolis	Marion	Alvey, Charles R.	Muncie	Delaware- Blackford
Acher, Robert P.	Greensburg	Decatur	Alvis, Edmond O.	Indianapolis	Marion
Acker, Robert B.	South Bend	St. Joseph	Alward, John H.	Kokomo	Howard
Acre, Robert R.	Evansville	Vanderburgh	Ambrose, Jesse C.	Noblesville	Hamilton
Adair, Samuel L.	Jeffersonville	Clark	Ambrose, Kenneth E.	Carville, La.	Spencer
Adair, William K. (S)	Crothersville	Jackson	Amick, Charles L.	Wakarusa	Elkhart
Adams, Daniel S. (S)	Indianapolis	Marion	Amico, Pasquale J.	Crown Point	Lake
Adams, Julia L.	Muncie	Delaware- Blackford	Amini, Sohrab	Huntingburg	Dubois
Adams, E. Wade	Fort Wayne	Allen	Amos, Robert L.	New Castle	Henry
Adams, Max R.	Flora	Carroll	Amstutz, Henry C.	Goshen	Elkhart
Adams, William B.	Muncie	Delaware- Blackford	Amy, William E. (S)	Corydon	Harrison- Crawford
Adamski, Michael S.	Logansport	Cass	Anderson, James W.	Indianapolis	Marion
Addleman, Robert H.	Indianapolis	Marion	Anderson, John B.	Vincennes	Knox
Ade, Charles H.	Lafayette	Tippecanoe	Anderson, John T.	Indianapolis	Marion
Ade, Mary Keller	Lafayette	Tippecanoe	Anderson, Milton H.	Evansville	Vanderburgh
Adkins, Harold C.	Indianapolis	Marion	Anderson, Richard M.	Vincennes	Knox
Adkins, Onan C.	Indianapolis	Marion	Anderson, Walter C.	Terre Haute	Vigo
Adler, David L.	Columbus	Bartholomew- Brown	Anderson, Wendell C.	Indianapolis	Marion
Adler, Edmund R.	Dyer	Lake	Andrews, Hugh K.	Franklin	Johnson
Adler, Raymond N.	Evansville	Vanderburgh	Antes, Earl H.	Ft. Belvoir, Va.	Vanderburgh
Adney, Frank B., Jr.	Richmond	Wayne-Union	Antonetti, John A.	Evansville	Vanderburgh
Aiken, Arthur F.	Fort Wayne	Allen	Appel, Richard H.	Indianapolis	Marion
Aiken, Milo M.	Plainfield	Hendricks	Apple, Eddie R.	Salem	Washington
Aiken, Nevin E.	Fort Wayne	Allen	Applegate, Albert E.	Frankfort	Clinton
Ake, Loren	Richmond	Wayne-Union	Arata, Justin E.	Fort Wayne	Allen
Albertson, Frank P.	Indianapolis	Marion	Arata, Lucian A.	Indianapolis	Marion
Alcorn, Merritt O.	Madison	Jefferson- Switzerland	Arbeiter, Herbert I.	Hammond	Lake
Alden, John O.	Shelbyville	Shelby	Arbogast, John L.	Indianapolis	Marion
Alderfer, Henry	Marion	Grant	Arbogast, Paul B.	Vincennes	Knox
Aldred, Allen W.	Milan	Ripley	Arbuckle, William E.	Indianapolis	Marion
Aldrich, Harry D.	Indianapolis	Marion	Arford, John E.	Indianapolis	Marion
Aldrich, Howard	Indianapolis	Marion	Arford, Roxford D.	Middletown	Henry
Alexander, Ezra D.	Indianapolis	Marion	Arisman, Ralph K.	South Bend	St. Joseph
Alexander, John E.	Evansville	Vanderburgh	Arlook, Theodore D.	Elkhart	Elkhart
Alexander, Oliver O.	Terre Haute	Vigo	Armalavage, Leon J.	Gary	Lake
Alexander, Percy M.	Martinsville	Morgan	Armington, Charles L.	Anderson	Madison
Alexander, Stephen J.	Crawfordsville	Montgomery	Armington, John C. (S)	Anderson	Madison
Alfano, Paul A.	Gary	Lake	Armington, Robert L.	Anderson	Madison
Alford, James A.	Hamilton	Steuben	Armstrong, Thomas D.	Michigan City	La Porte
Allegretti, Michael L.	Hammond	Lake	Arendell, Robert E.	Evansville	Vanderburgh
Allen, Frederick K.	New Albany	Floyd	Arney, Amos	Michigan City	La Porte
Allen, Hubert E.	Richmond	Wayne-Union	Arnold, Aaron L.	Indianapolis	Marion
Allen, L. Howard	Bedford	Lawrence	Arnold, Robert D.	Indianapolis	Marion
Allen, Orris T. (S)	Terre Haute	Vigo	Aronson, Sidney S.	Indianapolis	Marion
Allen, Robert K.	Indianapolis	Marion	Arrowsmith, James L.	Hammond	Lake
			Arthur, Nora M. (S)	Washington	Daviess- Martin



Name	City	County	Name	City	County
Artz, Richard W.	Angola	Steuben	Barclay, Irvin C.	Evansville	Vanderburgh
Asbury, William D. (S)	Terre Haute	Vigo	Bard, Frank B.	Crothersville	Jackson
Ash, Harold H.	W. Lafayette	Tippecanoe	Barnes, Helen B.	Greenwood	Johnson
Ashcraft, John R.	Anderson	Madison	Barnett, Ralph E.	Peru	Miami
Asher, Ernest O.	New Augusta	Marion	Barnhart, Willard T.	Evansville	Vanderburgh
Asher, James W.	New Augusta	Marion	Barone, Carmelo V.	Mishawaka	St. Joseph
Ashmore, Herbert C.	Chesterton	Porter	Barrett, Thomas L.	Vincennes	Knox
Atchison, Kenneth C.	Rockport	Spencer	Barron, Elmer A.	East Chicago	Lake
Atkins, Clarence C.	Rushville	Rush	Barrow, John H.	Dale	Spencer
Ault, Carl H.	Kokomo	Howard	Barry, Maurice J.	Indianapolis	Marion
Ault, Roy	Terre Haute	Vigo	Bartholomew, Mary L.	Goshen	Elkhart
Aust, Charles H.	Terre Haute	Vigo	Bartle, James Leo	Indianapolis	Marion
Austin, Charles E.	Anderson	Madison	Bartlett, Donald T.	Vincennes	Knox
Austin, Eugene W.	Evansville	Vanderburgh	Bartley, Max D.	Indianapolis	Marion
Austin, Maynard A. (S)	Anderson	Madison	Barton, Reginald R.	Gary	Lake
Austin, Richard P.	Bedford	Lawrence	Barton, Robert	Angola	Steuben
Avery, George O.	Indianapolis	Marion	Barton, Willoughby M.	Centerville	Wayne-Union
Ayres, Kenneth D.	Anderson	Madison	Bartsch, Harvey L.	South Bend	St. Joseph
Ayres, Wendell W.	Marion	Grant	Bash, Wallace E.	Fort Wayne	Allen
B			Baskett, Russell J.	Jonesboro	Grant
Babb, Forrest J.	Stockwell	Tippecanoe	Bassett, Clancy (S)	Thorntown	Boone
Bacastow, Merle S.	Indianapolis	Marion	Bassett, Margaret	Thorntown	Boone
Bacevich, Andrew J.	East Chicago	Lake	Bassler, Carl R.	Mishawaka	St. Joseph
Bachmann, Arnold J.	Indianapolis	Marion	Batman, Gordon W.	Indianapolis	Marion
Backer, Henry G.	Ferdinand	Dubois	Battersby, J. Stanley	Indianapolis	Marion
Backs, Alton J.	South Bend	St. Joseph	Batties, Paul A.	Indianapolis	Marion
Backs, Mark F.	Mishawaka	St. Joseph	Bauer, Thomas B.	Indianapolis	Marion
Badders, Ara C.	Portland	Jay	Baughn, William L.	Anderson	Madison
Bailey, Donald E.	Marion	Grant	Baum, John R.	Warsaw	Kosciusko
Bailey, Douglas A.	Marion	Grant	Baumeister, Herbert E.	Indianapolis	Marion
Bailey, Earl W.	Logansport	Cass	Baumgartner, Jeraldine	Northampton,	Mass.
Bailey, Edwin B.	Linton	Greene			Allen
Bailey, Lawrence S.	Zionsville	Boone	Baxter, Harry R.	Seymour	Jackson
Bailey, Orville T.	Indianapolis	Marion	Baxter, James W.	New Albany	Floyd
Bailey, Paul P.	Fort Wayne	Allen	Baxter, Neal E.	Bloomington	Owen-Monroe
Baird, Melvin S.	Indianapolis	Marion	Baxter, Samuel M.	New Albany	Floyd
Baitinger, Herbert M.	Gary	Lake	Bayley, William E.	Lafayette	Tippecanoe
Bakemeier, Otto H.	Indianapolis	Marion	Baylor, Edward M.	Evansville	Vanderburgh
Bakemeier, Robert E.	Fairchild	Marion	Baynes, Frank L.	Wolcott	White
	Wash.	Marion	Beach, Robert R.	Indianapolis	Marion
Baker, Avey M.	New Albany	Floyd	Beam, Vernon B.	East Chicago	Lake
Baker, Guy D.	Crandall	Harrison-	Beamer, Parker R.	Indianapolis	Marion
		Crawford	Beams, Ralph H.	Fort Wayne	Allen
Baker, Herman M.	Evansville	Vanderburgh	Bean, Joseph S.	Indianapolis	Marion
Baker, John R.	New Albany	Floyd	Bear, Lowery H. (S)	Vevay	Jefferson-
Baker, Leslie M.	Aurora	Dearborn-			Switzerland
		Ohio	Beardsley, Frank A.	Frankfort	Clinton
Baker, Mason R.	Evansville	Vanderburgh	Beasley, Thomas J. (S)	Indianapolis	Marion
Baker, Milan D.	Culver	Marshall	Beaven, John B.	Louisville, Ky.	Dubois
Baker, Robert E.	Boston, Mass.	Allen	Beaver, Ernest R.	Rensselaer	Jasper-
Baker, Robert E. (S)	Orleans	Orange			Newton
Baker, Warren	Michigan City	La Porte	Beaver, Howard W.	Indianapolis	Marion
Balch, James F.	Indianapolis	Marion	Beaver, Norman E.	Berne	Adams
Baldrige, William O.	Terre Haute	Vigo	Bechtold, Samuel E.	South Bend	St. Joseph
Baldwin, John H. (S)	Jeffersonville	Clark	Beck, David C.	Monticello	White
Balingit, Bienvenido L.	Indianapolis	Marion	Beck, Evart M.	Indianapolis	Marion
Balkema, Catherine M.	Lafayette	Tippecanoe	Beck, Herma A. (S)	Lebanon	Boone
Ball, Clay A. (S)	Muncie	Delaware-	Beck, Robert E.	Evansville	Vanderburgh
		Blackford	Becker, Harry G.	Indianapolis	Marion
Ball, John R.	Fort Wayne	Allen	Becker, Philip H.	Crown Point	Lake
Ball, Joseph E.	Indianapolis	Marion	Beckes, Ellsworth W.	Vincennes	Knox
Ball, Margaret J.	Fort Wayne	Allen	Beconovich, Robert	Hammond	Lake
Ball, Phillip	Muncie	Delaware-	Bedwell, Marion H.	Sullivan	Sullivan
		Blackford	Beeler, Franklin K.	Anderson	Madison
Ball, Thomas Z. (S)	Crawfordsville	Montgomery	Beeler, John W.	Indianapolis	Marion
Ballard, Charles A. (S)	Logansport	Cass	Beeler, Raymond C.	Indianapolis	Marion
Ballenger, William E.	Richmond	Wayne-Union	Beetem, Luther F.	Madison	Jefferson-
Balsbaugh, George	North	Wabash			Switzerland
	Manchester		Begley, Joseph W., Jr.	Evansville	Vanderburgh
Baltes, Joseph H.	Fort Wayne	Allen	Beggs, Lowell F.	Columbus	Bartholomew-
Banister, Revel H.	Indianapolis	Marion			Brown
Bankoff, Milton L.	Michigan City	La Porte	Behn, Walter M., Jr.	Gary	Lake
Banks, Horace M.	Indianapolis	Marion	Behn, Walter M.	Gary	Lake
Bannon, William G.	Terre Haute	Vigo	Behnke, Roy H.	Indianapolis	Marion
Baptisti, Arthur, Jr.	Indianapolis	Marion	Beierlein, Karl M.	Fort Wayne	Allen
Baran, Charles	South Bend	St. Joseph	Beilke, Clifford A.	East Chicago	Lake
Barch, John W.	Fort Wayne	Allen	Belding, Ray T.	Kempton	Tipton



Name	City	County	Name	City	County
Bell, Horace D.	South Bend	St. Joseph	Blackwell, Donald	Spencer	Owen-Monroe
Bell, Odessa M. Khaton	Gary	Lake	Blake, Albert L.	Indianapolis	Marion
Belshaw, George	Columbus	Bartholomew-Brown	Blassaras, Chris	Anderson	Madison
Belt, James H.	Indianapolis	Marion	Blatt, A. Ebner	Indianapolis	Marion
Benchik, Frank A.	East Chicago	Lake	Blazey, Arthur G.	Washington	Daviess-Martin
Bender, Cecil K.	Goshen	Elkhart	Bleckley, James E.	San Francisco, Calif.	Marion
Bender, Martin J.	Evansville	Vanderburgh	Bledsoe, James G.	New Castle	Henry
Bender, Robert L.	Elkhart	Elkhart	Blessinger, Louis H.	Corydon	Harrison-Crawford
Bendler, Carl H.	Gary	Lake	Blessinger, Paul J.	Jasper	Dubois
Benedek, Tibor	East Chicago	Lake	Blichert, Peter A.	Fort Wayne	Allen
Benedict, Charles D.	LaGrange	LaGrange	Blix, Fred M.	Ladoga	Montgomery
Benedict, Paul F.	Indianapolis	Marion	Bloemker, Edward F.	Indianapolis	Marion
Benham, Lawrence E.	Bedford	Lawrence	Bloom, Asa W.	Marion	Grant
Benken, Lawrence D.	Muncie	Delaware-Blackford	Bloom, George R.	Elkhart	Elkhart
Bennett, Abner P.	Evansville	Vanderburgh	Bloomer, Joseph R. (S)	Rockville	Parke-Vermillion
Bennett, J. B.	Warren	Huntington	Bloomer, Richard S.	Rockville	Parke-Vermillion
Bennett, Jene R.	South Bend	St. Joseph	Blosser, Blaine A. (S)	Fremont	Steuben
Benninghoff, Daniel R.	Fort Wayne	Allen	Blosser, Howard V. (S)	Fort Wayne	Allen
Beno, Thomas J.	Muncie	Delaware-Blackford	Blossom, Paul W.	Richmond	Wayne-Union
Benoit, Merrill P.	Anderson	Madison	Blum, Leon L.	Terre Haute	Vigo
Benson, James E.	Elkhart	Elkhart	Boardman, Carl (S)	Gary	Lake
Benz, Jesse	Marengo	Harrison-Crawford	Boaz, John J. (S)	Indianapolis	Marion
Benz, Owen F.	Wanatah	La Porte	Bobb, Kenneth E.	Seymour	Jackson
Bergan, Joseph A.	Michigan City	La Porte	Bodnar, Leslie M.	South Bend	St. Joseph
Bergendahl, Emil H.	Fort Wayne	Allen	Bogardus, Carl R.	Austin	Scott
Berger, Morley	Beech Grove	Marion	Boggs, Eugene F.	Indianapolis	Marion
Berghoff, James R.	Fort Wayne	Allen	Bogmenko, Leon T.	Holland	Dubois
Berghoff, Raymond J.	Fort Wayne	Allen	Bohner, Caryle B.	Hidalgo, Mexico	Marion
Bergwall, Warren L.	Muncie	Delaware-Blackford	Bolin, John T. (S)	Cedar Lake	Lake
Berke, Robert D.	South Bend	St. Joseph	Bolin, Robert C.	Lafayette	Tipppecanoe
Berkson, Myron E.	Michigan City	La Porte	Bolin, Robert S.	Elkhart	Elkhart
Berman, Edward J.	Indianapolis	Marion	Boling, Grover C., Jr.	Indianapolis	Marion
Berman, Jacob K.	Indianapolis	Marion	Bolman, Ralph M.	Fort Wayne	Allen
Bernoske, Daniel G.	Michigan City	La Porte	Bombar, Leslie E.	Hammond	Lake
Best, Robert C.	Whiting	Lake	Bonaventura, Angelo P.	East Chicago	Lake
Bethea, Dennis A.	Hammond	Lake	Bond, Charles S. (S)	Richmond	Wayne-Union
Bethea, Robert O.	Farmersburg	Sullivan	Bond, George S.	Indianapolis	Marion
Beutler, Theodore V.	Fort Wayne	Allen	Bond, Virginia	Indianapolis	Marion
Beverland, Malon E.	Indianapolis	Marion	Bond, Walter C.	Clay City	Clay
Biasini, Benedict A.	South Bend	St. Joseph	Bond, William H.	Indianapolis	Marion
Bibler, Henry E.	Muncie	Delaware-Blackford	Bonsett, Charles A.	Indianapolis	Marion
Bibler, Lester D.	Indianapolis	Marion	Booher, Norman R.	Indianapolis	Marion
Bichacoff, Billie D.	Chicago, Ill.	Allen	Booher, Olga Bonke	Indianapolis	Marion
Bickel, David A.	South Bend	St. Joseph	Boonstra, Charles E.	Bluffton	Wells
Bickel, John E. (S)	Fort Wayne	Allen	Booth, Boynton H.	Indianapolis	Marion
Bidney, Evelyn B.	Bloomington	Owen-Monroe	Booze, James	Indianapolis	Marion
Bigler, Frederick W.	Goshen	Elkhart	Bopp, Henry, Jr.	Terre Haute	Vigo
Bill, Robert O.	Indianapolis	Marion	Bopp, James	Terre Haute	Vigo
Billings, Elmer R.	Elkhart	Elkhart	Borak, Walter J.	Gary	Lake
Bills, Robert N.	Gary	Lake	Borders, Theodore R.	Fort Wayne	Allen
Bird, Charles R. (S)	Indianapolis	Marion	Boren, Paul	Poseyville	Posey
Birdzell, John P.	Crown Point	Lake	Boren, Samuel W. (S)	Poseyville	Posey
Birmingham, Peter J.	South Bend	St. Joseph	Borenstein, Herschel	Gary	Lake
Bisgyer, Jay L.	Gary	Lake	Borland, Raymond M.	Bloomington	Owen-Monroe
Bishop, Charles A.	South Bend	St. Joseph	Borough, Lester D.	South Bend	St. Joseph
Bishop, Harry A.	Frankton	Madison	Bosch, Ralph	Seymour	Jackson
Bishop, Robert E.	Bluffton	Wells	Bosenbury, Chas. S. (S)	Coral Gables, Fla.	St. Joseph
Bissonnette, Roger P.	Evansville	Vanderburgh	Bosler, Howard A.	Waterford Mills, mail Goshen	Elkhart
Bitler, Clyde C.	New Castle	Henry	Boswell, Robert W. C.	Evansville	Vanderburgh
Bivin, James H.	Mooreville	Morgan	Botkin, Charles (S)	Muncie	Delaware-Blackford
Bixler, Donald P.	Anderson	Madison	Botkin, Clyde G.	Muncie	Delaware-Blackford
Bixler, Louis C.	South Bend	St. Joseph	Botkin, Thomas	Muncie	Delaware-Blackford
Bizer, Mier A.	Jeffersonville	Clark	Bottorff, David C.	Charlestown	Clark
Bjorklund, C. Ray	Hobart	Lake	Boughman, Joseph D.	Kokomo	Howard
Black, Charles E.	Chicago, Ill.	Lake			
Black, Edgar K.	Wabash	Wabash			
Black, Joe M.	Seymour	Jackson			
Blackburn, Erwin	South Bend	St. Joseph			
Blackford, Florence	Indianapolis	Marion			
Blackford, Milforde	London, England	Marion			
Blackford, Ralph E.	Indianapolis	Marion			



Name	City	County	Name	City	County
Bowdoin, George E.	Elkhart	Elkhart	Brown, Frank M.	Indianapolis	Marion
Bowen, Otis R.	Bremen	Marshall	Brown, Frederic W.	Fort Wayne	Allen
Bowers, Charles R.	Anderson	Madison	Brown, George E.	Greenwood	Johnson
Bowers, Copeland C.	Kokomo	Howard	Brown, Gordon T.	Indianapolis	Marion
Bowers, Don D.	Indianapolis	Marion	Brown, James C.	Valparaiso	Porter
Bowers, Gah T.	Fort Wayne	Allen	Brown, James M.	Anderson	Madison
Bowers, Garvey B.	Kokomo	Howard	Brown, John S.	Carlisle	Sullivan
Bowers, John A.	Kokomo	Howard	Brown, Kenneth H.	New Albany	Floyd
Bowers, Jesse W. (S)	Fort Wayne	Allen	Brown, Leland G.	Muncie	Delaware- Blackford
Bowman, Charles M.	Albion	Noble	Brown, Leo R.	Gary	Lake
Bowman, George W.	Indianapolis	Marion	Brown, Marcel S.	Spencer	Owen-Monroe
Bowser, Philip G.	Goshen	Elkhart	Brown, Richard J.	Richmond	Wayne- Union
Boyd, Charles S.	East Chicago	Lake	Brown, Robert M.	Marion	Grant
Boyd, H. Clark	Terre Haute	Vigo	Brown, Robert R.	Terre Haute	Vigo
Boyd, Harry R.	Denver, Colo.	Marion	Brown, Stewart D.	Albany	Delaware- Blackford
Boyd, Stella N.	Evansville	Vanderburgh	Brown, Thomas C.	Indianapolis	Marion
Boyer, Edward B.	Indianapolis	Marion	Brown, Thomas M.	Muncie	Delaware- Blackford
Boyer, Floyd A.	Indianapolis	Marion	Brown, Wendell E.	Indianapolis	Marion
Boyer, Grace B.	Marion	Grant	Browning, James S.	Indianapolis	Marion
Boyer, Philip A.	Indianapolis	Marion	Browning, William M.	Indianapolis	Marion
Boyle, Carroll	Poseyville	Posey	Brownley, Emma J.	Indianapolis	Marion
Boys, Frank F.	East Chicago	Vigo	Brubaker, Harold S.	Huntington	Huntington
Boze, Robert L.	Berne	Adams	Brubaker, Ora G. (S)	North Manchester	Wabash
Bradfield, John C. (S)	Logansport	Cass	Bruce, Reginald A.	Indianapolis	Marion
Bradley, Charles F.	Hobart	Lake	Bruegge, Theodore J.	Kokomo	Howard
Bradley, Louis F.	Indianapolis	Marion	Bruetsch, Walter L.	Monrovia, Calif.	Marion
Bradley, Stephen C. (S)	Terre Haute	Vigo	Bruggeman, Henry O. (S)	Fort Wayne	Allen
Brady, Kingdon	Morocco	Jasper- Newton	Bruner, Ralph W.	Jeffersonville	Clark
Brady, Samuel G.	Gary	Lake	Bryan, Franklin A.	Fort Wayne	Allen
Brady, Thomas A.	Indianapolis	Marion	Bryan, Robert E.	Kendallville	Noble
Brandman, Harry	Gary	Lake	Bryan, Robert J.	South Bend	St. Joseph
Brauchla, Carl H.	Anderson	Madison	Bryan, Stanton L.	Evansville	Vanderburgh
Brauer, Abraham A.	East Chicago	Lake	Bryant, Edward G.	East Chicago	Lake
Braun, Benjamin D.	Chicago, Ill.	Lake	Buchanan, Wallace D.	South Bend	St. Joseph
Braunlin, Robert F.	Marion	Grant	Buche, Franklin P. (S)	Richmond	Wayne-Union
Braunlin, William H. (S)	Marion	Grant	Buchholz, Ransom R.	Evansville	Vanderburgh
Brayton, John R.	Indianapolis	Marion	Buckingham, Richard E.	Bloomington	Owen-Monroe
Brayton, Lee	Indianapolis	Marion	Buckles, David L.	Anderson	Madison
Brazelton, Osborne T.	Princeton	Gibson	Buckner, Doster	Fort Wayne	Allen
Brecht, Harvey J.	South Bend	St. Joseph	Buckner, George D.	Fort Wayne	Allen
Brenner, Andrew M.	Winchester	Randolph	Buckner, Joy F.	Bluffton	Wells
Brenton, Harold L.	Columbia	Whitley	Buechler, William F.	Elwood	Madison
Bretz, John M.	Huntingburg	Dubois	Buechner, Frederick W.	South Bend	St. Joseph
Brewer, Robert A.	Bluffton	Wells	Buehler, George M.	Jeffersonville	Clark
Brickley, Harry D.	Bluffton	Wells	Buehner, Donald F.	Evansville	Vanderburgh
Brickley, Richard A.	Chicago, Ill.	Wells	Buell, Forrest R.	A.P.O., New York	Marion
Bridges, Alvin	Anderson	Madison	Buhrmester, Harry C.	Lafayette	Tippecanoe
Bridges, William L.	Fort Wayne	Allen	Bullard, Mattie J.	Gary	Lake
Bridwell, Edgar	Bedford	Lawrence	Bunde, Carl A.	Indianapolis	Marion
Briggs, Robert W.	Indianapolis	Marion	Bunker, Ladoska Z.	North Manchester	Wabash
Brillhart, James R.	Indianapolis	Marion	Burcham, James B.	Gary	Lake
Brincko, John	Gary	Lake	Burdette, Harold F.	Indianapolis	Marion
Bringas, Irineo B.	Gary	Lake	Burger, Robert A.	Gary	Lake
Brink, Calvin C.	Gary	Lake	Burghard, Rolla D.	Indianapolis	Marion
Briscoe, Clarence E. (S)	New Albany	Floyd	Burk, James M.	Decatur	Adams
Britt, Robert	Evansville	Vanderburgh	Burkart, Oswald G.	Hobart	Lake
Britton, Welbon D.	Montezuma	Parke- Vermillion	Burket, Cecil R.	Bremen	Marshall
Brock, Earl E.	Anderson	Madison	Burkhardt, Boyd A.	Tipton	Tipton
Brockman, Wilfred	Corydon	Harrison- Crawford	Burkle, John C. (S)	Lafayette	Tippecanoe
Brockmole, Arnold W.	Evansville	Vanderburgh	Burkle, John R.	Indianapolis	Marion
Brodie, Donald W.	Indianapolis	Marion	Burks, Jess E.	Crawfordsville	Montgomery
Bromley, L. W.	Fort Wayne	Allen	Burman, Leonard	Indianapolis	Marion
Bronson, Paul J.	Terre Haute	Vigo	Burnett, Arthur B.	New Castle	Henry
Brooks, G. Tanner	Richmond	Wayne-Union	Burnett, Paul C.	Logansport	Cass
Brooks, Harry L.	Michigan City	La Porte	Burns, John T.	Lafayette	Tippecanoe
Broomes, Edward L. C.	East Chicago	Lake	Burnikel, Ray H.	Evansville	Vanderburgh
Broshears, Kenneth P.	Linton	Greene	Burns, Paul E.	Montpelier	Delaware- Blackford
Brosius, Robert H. W.	Fort Wayne	Allen			
Brown, Archie E.	Indianapolis	Marion			
Brown, David E.	Indianapolis	Marion			
Brown, Dewitt W.	Indianapolis	Marion			
Brown, Frances T.	Indianapolis	Marion			



Name	City	County
Burris, Floyd L.	Michigan City	La Porte
Burroughs, Carroll A.	Frankfort	Clinton
Burrous, E. Lee	Peru	Miami
Burwell, Stanley W.	Muncie	Delaware- Blackford
Bush, Charles E.	Kirklin	Clinton
Bush, Hargis R.	Cannelton	Perry
Bush, Jack A.	F.P.O., San Francisco, Calif.	Tippecanoe
Bussard, Clifford F.	South Bend	St. Joseph
Bussard, Frank	South Bend	St. Joseph
Butler, Joe B.	Crothersville	Jackson
Butler, John O.	Indianapolis	Marion
Butler, Robert M.	Indianapolis	Marion
Butterfield, Robert M.	Muncie	Delaware- Blackford
Butts, Milton A.	South Bend	St. Joseph
Buttz, Rose J. P. (S)	Indianapolis	Marion
Byrn, Howard W.	New Albany	Floyd
Byrne, John M.	Delphi	Carroll
Byrne, Robert J.	Bicknell	Knox

## C

Cacia, John J.	Evansville	Vanderburgh
Cagle, Bob R.	Rantoul, Ill.	Marion
Cahn, Hugo M.	Indianapolis	Marion
CaJacob, Melville E.	Terre Haute	Vigo
Caldwell, Milton V.	Terre Haute	Vigo
Caldwell, William C.	Evansville	Vanderburgh
Call, Herbert F.	Indianapolis	Marion
Callaghan, Winship C.	Greensburg	Decatur
Calli, Louis	North Vernon	Jennings
Calvert, Raymond R.	Lafayette	Tippecanoe
Calvin, Jessie C. (S)	Fort Wayne	Allen
Cameron, Don F.	Angola	Steuben
Cameron, Mary H.	Angola	Steuben
Campagna, Ettor A.	East Chicago	Lake
Campbell, Guy G.	Munster	Lake
Campbell, John A.	Indianapolis	Marion
Campbell, Patrick B.	Elkhart	Elkhart
Campbell, Sam W.	Noblesville	Hamilton
Canaday, Clifford E. (S)	New Castle	Henry
Canaday, James W. (S)	Indianapolis	Marion
Canganelli, Vincent G.	Indianapolis	Marion
Cannon, Daniel H.	New Albany	Floyd
Caplin, Irvin	Indianapolis	Marion
Caplin, Samuel S.	Indianapolis	Marion
Carberry, George A.	Gary	Lake
Carbone, Joseph A.	Gary	Lake
Carey, Willis W. (S)	Fort Wayne	Allen
Carlberg, Dale L.	Jeffersonville	Clark
Carleton, Edward H.	East Chicago	Lake
Carlin, James F.	Hammononton, N. J.	Marion
Carlo, Ernest R.	Fort Wayne	Allen
Carlo, Joseph F.	Hammond	Lake
Carlson, Edward A. (S)	Peru	Miami
Carlson, Norman R.	Michigan City	La Porte
Carlson, Ralph F.	Evansville	Vanderburgh
Carlyle, Ivan E. (S)	Michigantown	Clinton
Carmody, Raymond F.	Gary	Lake
Carneal, Thomas E.	Winamac	Pulaski
Carney, Joel T.	Jeffersonville	Clark
Carney, John C.	Monticello	White
Carney, John D.	Jeffersonville	Clark
Carpenter, James B.	Lafayette	Tippecanoe
Carpenter, John L.	Alexandria	Madison
Carpenter, Ramesh S.	Garrett	DeKalb
Carpentier, Harry F.	Princeton	Gibson
Carr, Joseph H.	Henryville	Clark
Carrel, Francis E.	Frankfort	Clinton
Carroll, Bertha Rose	W. Lafayette	Tippecanoe
Carroll, John C.	Decatur	Adams
Carroll, Mary E.	Crown Point	Lake
Carson, Wayne	Indianapolis	Marion
Carter, F. R. Nicholas	South Bend	St. Joseph
Carter, Fred S.	La Porte	La Porte

Name	City	County
Carter, Jean V.	Tipton	Tipton
Carter, Oren E.	Indianapolis	Marion
Cartwright, Emor L.	Fort Wayne	Allen
Cartwright, Jack D.	La Porte	La Porte
Casebeer, Paul B.	Clinton	Parke- Vermillion
Casey, Stanley M.	Huntington	Huntington
Cassady, James V.	South Bend	St. Joseph
Cattell, Lee M.	Kokomo	Howard
Cavitt, Robert F.	Connersville	Fayette- Franklin
Cavins, Alexander W.	Terre Haute	Vigo
Caylor, Harold D.	Bluffton	Wells
Caylor, Truman E.	Bluffton	Wells
Chael, Thomas C.	Hammond	Lake
Challman, William B.	Mt. Vernon	Posey
Chambers, Alan R.	Fort Wayne	Allen
Chambers, Leroy B.	Union City	Randolph
Chamblee, Roland W.	South Bend	St. Joseph
Chandler, Earl L.	Indianapolis	Marion
Chandler, Leon H.	Goshen	Elkhart
Chappel, Alfred T.	Franklin	Johnson
Charles, Henry L.	Economy	Wayne-Union
Chase, James A.	Ligonier	Noble
Chattin, Herbert O.	Vincennes	Knox
Chattin, Robert E.	Loogootee	Daviess- Martin
Chattin, William R.	Indianapolis	Marion
Chattin, Vance J.	Washington	Daviess- Martin
Chen, Ko K.	Indianapolis	Marion
Cheydleur, Eleanor P.	Evansville	Vanderburgh
Chernish, Stanley M.	Indianapolis	Marion
Chevalier, Robert A.	Indianapolis	Marion
Chevigny, Julius J.	Gary	Lake
Chidlaw, Benjamin W. (S)	Hammond	Lake
Childs, Alpha G. W. (S)	Madison	Jefferson- Switzerland
Childs, Wallace E.	Madison	Jefferson- Switzerland
Chivington, Paul V.	Indianapolis	Marion
Christian, William A.	Indianapolis	Marion
Christophel, Verna	Mishawaka	St. Joseph
Chroniak, Walter	Indianapolis	Marion
Chu, Johnson C. S.	Logansport	Cass
Chube, David D.	Gary	Lake
Clancy, James F.	Hammond	Lake
Clark, Cecil P.	Indianapolis	Marion
Clark, Fred O.	Syracuse	Kosciusko
Clark, George A.	Hampton, Va.	Marion
Clark, Ivan A.	Paoli	Orange
Clark, Lawson J.	Indianapolis	Marion
Clark, Marion E.	Cambridge City	Wayne-Union
Clark, Robert M.	Muncie	Delaware- Blackford
Clark, Stanley A. (S)	South Bend	St. Joseph
Clark, William B., Jr.	Jeffersonville	Clark
Clark, William H.	South Bend	St. Joseph
Clark, William R.	Fort Wayne	Allen
Clarke, Elton R.	Kokomo	Howard
Clarkson, Clarence G.	Liberty	Wayne-Union
Clay, Eleanor	Columbus	Bartholomew- Brown
Claybourn, Norman L.	East Chicago	Lake
Clauser, Eldo H. M.	Muncie	Delaware- Blackford
Clements, Albert F.	Evansville	Vanderburgh
Cleveland, John B.	Michigan City	La Porte
Clevenger, Joseph H.	Muncie	Delaware- Blackford
Clevinger, William G.	Indianapolis	Marion
Cline, Kenneth L.	Wyatt	St. Joseph
Close, W. Donald	Indianapolis	Marion
Clouse, Paul A.	Evansville	Vanderburgh
Clunie, William A.	Huntington	Huntington
Cobb, Clarence M.	Logansport	Cass



Name	City	County
Coble, Frank H.	Richmond	Wayne-Union
Coble, Ralph R. (S)	Indianapolis	Marion
Cochran, Harry A., Jr.	Fort Wayne	Allen
Cochran, Robert B.	Muncie	Delaware-Blackford
Cockrum, William M.	Evansville	Vanderburgh
Coddens, Avery L.	Earl Park	Benton
Coddington, Robert C.	Indianapolis	Marion
Coffel, Melvin H.	Vincennes	Knox
Coggeshall, Warren E.	Indianapolis	Marion
Cohen, Ellen K.	Hebron	Porter
Cohen, Hyman L.	Hebron	Porter
Cohen, Irving	Plainfield	Hendricks
Cohn, Alvin F.	Indianapolis	Marion
Cole, Ira	Lafayette	Tippecanoe
Cole, William L.	Evansville	Vanderburgh
Coleman, Floyd B.	Waterloo	DeKalb
Coleman, Henry G.	Odon	Daviess-Martin
Coleman, Joseph E.	Evansville	Vanderburgh
Coles, Alfred L.	Gary	Lake
Colip, George D.	South Bend	St. Joseph
Collins, Hubert L.	Indianapolis	Marion
Collins, James N.	Indianapolis	Marion
Collins, Le Roy	Gary	Lake
Colosey, Frederick J.	South Bend	St. Joseph
Combs, Charles N.	Terre Haute	Vigo
Combs, Herman T.	Evansville	Vanderburgh
Combs, John H.	Evansville	Vanderburgh
Combs, Pearl B.	Evansville	Vanderburgh
Combs, Stuart R.	Terre Haute	Vigo
Comeau, William J.	Marion	Grant
Comer, Kenneth E.	Mooreville	Morgan
Compton, George	Tipton	Tipton
Compton, Walter A.	Elkhart	Elkhart
Condit, David H.	South Bend	St. Joseph
Congleton, George C. (S)	Terre Haute	Vigo
Conklin, James O.	Terre Haute	Vigo
Conklin, Raymond L.	Elkhart	Elkhart
Conley, John E.	Fort Wayne	Allen
Conley, Joseph L.	Indianapolis	Marion
Conley, Thomas M.	Kokomo	Howard
Connell, Paul S.	Plymouth	Marshall
Connell, Vactor O.	Bourbon	Marshall
Connoy, Andrew F.	Westfield	Hamilton
Connoy, Leo F.	Westfield	Hamilton
Conrad, Henry W.	Milan	Ripley
Conway, Chester C.	Indianapolis	Marion
Conway, Glenn	Indianapolis	Marion
Conway, Thomas J.	Terre Haute	Vigo
Cook, Charles E.	North Manchester	Wabash
Cook, Elbert C. (S)	Bradenton, Fla.	Jefferson-Switzerland
Cook, George M.	Lake Worth, Fla.	Lake
Cook, Gordon C.	South Bend	St. Joseph
Cook, Norman R.	Richmond	Wayne-Union
Cook, Robert G.	Bluffton	Wells
Cooksey, Thomas L. (S)	Crawfordsville	Montgomery
Cooney, Charles J.	Fort Wayne	Allen
Coons, John D.	Lebanon	Boone
Coons, Ritchie	Lebanon	Boone
Cooper, B. Trent	Roanoke	Huntington
Cooper, Harry L.	South Bend	St. Joseph
Cooper, Leo K.	Gary	Lake
Cope, Stanton E.	Huntington	Huntington
Corcoran, Patrick J. V.	Evansville	Vanderburgh
Cormican, Herbert L.	Elkhart	Elkhart
Cornacchione, Matthew	Indianapolis	Marion
Cornell, Beaumont S.	Fort Wayne	Allen
Cornell, Robert A.	Crawfordsville	Montgomery
Corpe, Kenneth F.	Rushville	Rush
Corrao, Gaetano	Hammond	Lake
Corsentino, Bart	Vincennes	Knox
Cortese, James V.	Indianapolis	Marion
Cortese, Thomas A.	Indianapolis	Marion

Name	City	County
Costello, Albert J.	Hammond	Lake
Cotter, Edward R.	East Chicago	Lake
Coulson, Sewell B. (S)	Waldron	Shelby
Coultas, Porter J. (S)	Tell City	Perry
Countryman, Frank W.	Indianapolis	Marion
Coursey, James O.	Plymouth	Marshall
Covalt, Wendell E.	Muncie	Delaware-Blackford
Covell, Harry M.	Auburn	DeKalb
Covey, Thomas J.	Valparaiso	Porter
Cox, Clifford E.	Indianapolis	Marion
Cox, Leon T.	Richmond	Wayne-Union
Cox, Wayne T.	Lafayette	Tippecanoe
Coyner, Alfred B.	Lafayette	Tippecanoe
Craft, Kenneth L.	Indianapolis	Marion
Craft, William F.	Linton	Greene
Craig, Alexander F.	New Castle	Henry
Craig, Reuben	Kokomo	Howard
Craig, Reuben A.	Kokomo	Howard
Craig, Richard M.	Fort Wayne	Allen
Craig, Robert A.	Syracuse	Kosciusko
Crain, James W.	Williamsport	Fountain-Warren
Crampton, Chas. C. (S)	Delphi	Carroll
Crandall, Latham A.	Elkhart	Elkhart
Crawford, Alvin S.	Indianapolis	Marion
Crawford, James H.	Evansville	Vanderburgh
Crawford, John A.	Indianapolis	Marion
Crawford, Theodore R.	Kokomo	Howard
Creek, Jean A.	Bloomington	Owen-Monroe
Crevello, Albert J.	Evansville	Vanderburgh
Crimm, Paul D.	Evansville	Vanderburgh
Cring, George V.	Portland	Jay
Cripe, Earl P.	Bremen	Marshall
Cripe, William	Portland	Jay
Crist, John R.	Mt. Vernon	Posey
Crocker, Cyril L.	Indianapolis	Marion
Crockett, Franklin S.	West Lafayette	Tippecanoe
Crow, Earl	South Bend	St. Joseph
Crowder, James H., Jr.	Sullivan	Sullivan
Crowley, Joseph B.	South Bend	St. Joseph
Crum, Marion M.	Angola	Steuben
Culbertson, Carl S.	South Bend	St. Joseph
Culbertson, Clyde G.	Indianapolis	Marion
Cullen, Paul K.	Indianapolis	Marion
Cullen, Paul K., Jr.	Indianapolis	Marion
Cullison, Charles W.	Vincennes	Knox
Cullison, John L.	Muncie	Delaware-Blackford
Cullnane, Chris W.	Evansville	Vanderburgh
Culloden, William G.	Indianapolis	Marion
Culmer, Walter N. (S)	Indianapolis	Marion
Culp, John E.	Fort Wayne	Allen
Cummings, David J. (S)	Brownstown	Jackson
Cunningham, Robert D.	Marion	Grant
Cure, Charles W.	Indianapolis	Marion
Cure, Elmer T.	Muncie	Delaware-Blackford
Currie, Robert W.	Indianapolis	Marion
Curry, Claude A.	Terre Haute	Vigo
Curry, R. Louis	Indianapolis	Marion
Curtner, Myron L.	Vincennes	Knox
Custer, Edward W.	South Bend	St. Joseph
Cuthbert, Marvin P.	Indianapolis	Marion
Cutshaw, James A.	Monroeville	Allen
Czenkusch, Helen G.	Indianapolis	Marion

## D

Name	City	County
Daggy, James R.	Richmond	Wayne-Union
Dahling, Clemens W.	New Haven	Allen
Dainko, Alfred J.	East Chicago	Lake
Dale, Maxwell H.	Connersville	Fayette-Franklin
Daley, Edward H.	Indianapolis	Marion
Dallas, Fred R.	Indianapolis	Marion
Dalton, John E.	Indianapolis	Marion
Dalton, William W.	Indianapolis	Marion



Name	City	County	Name	City	County
Dalton, Wilson L.	Shelbyville	Shelby	DeRenne, William L.	Newport	Parke-Vermillion
Daly, Joseph M.	Indianapolis	Marion	Derhammer, George L.	Brookston	White
Damiani, Pasquale G.	Peru	Miami	DesJean, Paul A.	Indianapolis	Marion
Dancer, Charles R. (S)	Fort Wayne	Allen	Dester, Herbert E.	Jagdeeshpur, India	Marion
Daniel, John C.	Indianapolis	Marion	DeTar, George B. (S)	Winslow	Pike
Danieleski, Ladislaus J.	Gary	Lake	Dettloff, Frederick	Greencastle	Putnam
Daniels, Erle O. (S)	Marion	Grant	Deutsch, William	Muncie	Delaware-Blackford
Daniels, George R. (S)	Marion	Grant	DeVoe, Kenneth	South Bend	St. Joseph
Danielson, Harry E., Jr.	Miami, Fla.	Marshall	DeWees, Dwight L.	Indianapolis	Marion
Dannacher, William D.	Wabash	Wabash	Dewey, George W. (S)	Lafayette	Tippecanoe
Dare, Lee A.	Jeffersonville	Clark	DeWitt, Charles H. (S)	Valparaiso	Porter
Darling, Dorothy	Gary	Lake	Diamond, Leo	Marion	Grant
Datzman, Richard C.	Fort Wayne	Allen	Dian, August J.	Gary	Lake
Daubenheyer, Miles F. (S)	Butlerville	Jennings	Dickerson, W. Martin	Monticello	White
Daugherty, Fred N.	Crawfordsville	Montgomery	Dickey, William M.	Indianapolis	Marion
Daugherty, William L.	Hutsonville, Ill.	Sullivan	Dickinson, Gordon A.	Petersburg	Pike
Daves, William L.	Evansville	Vanderburgh	Dickson, Carolyn L.	Indianapolis	Marion
Davidoff, Manuel A.	Ossian	Wells	Dickson, Dale D.	Greensburg	Decatur
Davidson, Dale A.	West Terre Haute	Vigo	Dieckman, Herbert S.	Evansville	Vanderburgh
Davidson, Harold H.	Evansville	Vanderburgh	Dieffendorf, Charles F. (S)	Evansville	Vanderburgh
Davidson, N. Cort	Indianapolis	Marion	Dielman, Franklin C. (S)	Fulton	Fulton
Davies, Robert	New Castle	Henry	Dierolf, Edward J.	Gary	Lake
Davis, Alice Hall	Hammond	Lake	Dieter, William J.	Westville	LaPorte
Davis, Carl M.	Valparaiso	Porter	Dietl, Ernest L.	South Bend	St. Joseph
Davis, Edgar C.	Muncie	Delaware-Blackford	Dill, Charles W.	Indianapolis	Marion
Davis, Howard B.	Lafayette	Tippecanoe	Dill, Myron K.	Indianapolis	Marion
Davis, John A.	Flat Rock	Shelby	Dillman, Carl E.	Corydon	Harrison-Crawford
Davis John A.	Indianapolis	Marion	Dilts, Robert L.	Indianapolis	Marion
Davis, John C.	Logansport	Cass	Dimmett, Robert P.	Boonville	Warrick
Davis, Joseph B.	Marion	Grant	Dingle, Paul E.	Richmond	Wayne-Union
Davis, Margaret M.	Indianapolis	Marion	Dininger, William S.	Winchester	Randolph
Davis, Marvin R.	Columbus	Bartholomew-Brown	Dintaman, Paul G.	Indianapolis	Marion
Davis, Merle J.	Terre Haute	Vigo	Dirks, Kenneth R.	San Francisco, Calif.	Marion
Davis, Merrill S.	Marion	Grant	Dittmer, Jack E.	Valparaiso	Porter
Davis, Neal	Gary	Lake	Dittmer, Thomas L.	Valparaiso	Porter
Davis, Parvin M.	New Albany	Floyd	Ditton, Irwin W. (S)	Fort Wayne	Allen
Davis, Richard	Marion	Grant	Dixon, Rex W.	Anderson	Madison
Davis, Sam J.	Indianapolis	Marion	Dobbins, Thomas	Greencastle	Putnam
Davis, Thomas N. III	Hammond	Lake	Dodd, Robert D.	South Bend	St. Joseph
Davis, William H.	New Market	Montgomery	Dodd, Roberts K.	Evansville	Vanderburgh
Day, William D. C.	Seymour	Jackson	Dodds, James U.	Hartford City	Delaware-Blackford
Deal, Eleanor H.	Speedway	Marion	Dodds, Wemple	Crawfordsville	Montgomery
Dean, Donald I.	Rushville	Rush	Doenges, James L.	Anderson	Madison
Deardorff, Oliver M. (S)	Ft. Lauderdale, Fla.	Delaware-Blackford	Doherty, Raymond J.	Crown Point	Lake
Dearmin, Robert M.	Indianapolis	Marion	Dolezal, Bernard J.	South Bend	St. Joseph
DeArmond, Murray	Indianapolis	Marion	Dollens, Claude (S)	Oolitic	Lawrence
Decker, Harvey B.	Terre Haute	Vigo	Dome, Hardin S. (S)	Tell City	Perry
DeDario, Leonard M.	Elkhart	Elkhart	Donahue, Claude M.	Carmel	Hamilton
Deems, Myers B.	Evansville	Vanderburgh	Donahue, George R.	Lafayette	Tippecanoe
Deever, John W.	Indianapolis	Marion	Donaldson, Frank C.	Anderson	Madison
DeFries, John J.	New Paris	Elkhart	Donato, Albert M.	Indianapolis	Marion
DeGrazia, Eugene J.	Valparaiso	Porter	Donchess, Joseph C.	Gary	Lake
DeHaven, Harry E.	Pleasantville, N. Y.	Rush	Donnelly, Everett F.	South Bend	St. Joseph
DeMotte, C. Bowen	Indianapolis	Marion	Doran, J. Hal	Indianapolis	Marion
DeNaut, James F.	Knox	Starke	Dorman, Willis L.	Indianapolis	Marion
Denham, Robert H.	South Bend	St. Joseph	Dorrance, Thomas O.	Bluffton	Wells
Dennison, Alfred D., Jr.	Indianapolis	Marion	Doty, James R., Jr.	Indianapolis	Marion
Denny, E. Rankin	Terre Haute	Vigo	Doughty, Samuel R., Jr.	Indianapolis	Marion
Denny, Edgar C.	Milton	Wayne-Union	Douglas, John J.	Terre Haute	Vigo
Denny, Forrest L.	Indianapolis	Marion	Douglas, William T.	Montpelier	Delaware-Blackford
Denny, Frank T.	Ladoga	Montgomery	Dovey, Edward G.	Elkhart	Elkhart
Denny, Fred C.	Madison	Jefferson-Switzerland	Dowd, Joseph A.	Indianapolis	Marion
Denny, James W.	Indianapolis	Marion	Dowell, Emil H.	Rockville	Parke-Vermillion
Denny, Melvin H.	Rushville	Rush	Downard, Leland F.	Gaston	Delaware-Blackford
Denton, Larkin D.	Greentown	Howard	Dragoo, Farrol	Middletown	Henry
Denzer, Edward K.	Evansville	Vanderburgh	Drake, Dale W.	Evansville	Vanderburgh
Denzer, William O.	Evansville	Vanderburgh	Drake, John C.	Anderson	Madison
Deppe, Charles F.	Franklin	Johnson	Drake, Marion C.	Elwood	Madison



Name	City	County
Draper, Merlin H.	St. Petersburg, Fla.	Allen
Drew, Arthur L., Jr.	Indianapolis	Marion
Dreyer, Ralph W.	Richmond	Wayne-Union
Dryden, Gale E.	Indianapolis	Marion
Dublin, Madeline P.	Francesville	Pulaski
DuBois, Charles C. (S)	Warsaw	Kosciusko
DuBois, Ramon B.	Lafayette	Tippecanoe
Dudding, Joseph E.	Hope	Bartholomew-
		Brown
Dudgeon, Charles A.	Hartford City	Delaware-
		Blackford
Duemling, Arnold H.	Fort Wayne	Allen
Dugan, Michael J.	North Vernon	Jennings
Dugan, William M.	Indianapolis	Marion
Duggan, James A.	South Bend	St. Joseph
Dukes, Betty	Dugger	Sullivan
Dukes, David A.	Tell City	Perry
Dukes, David J.	Corydon	Harrison-
		Crawford
Dukes, Frederic M.	Dugger	Sullivan
Dukes, Joe E.	Dugger	Sullivan
Dulin, Basil B.	Anderson	Madison
Dunbar, Colin V.	Indianapolis	Marion
Duncan, John S.	Gary	Lake
Duncan, Raymond	Bedford	Lawrence
Dunham, Henry H.	Evansville	Vanderburgh
Dunlap, D. Logan	South Bend	St. Joseph
Dunn, Ferrell W. (S)	Muncie	Delaware-
		Blackford
Dunning, Lehman M.	Indianapolis	Marion
Dunning, Thomas W.	Muncie	Delaware-
		Blackford
Dunstone, Harry C.	Fort Wayne	Allen
Dupes, Lowell E.	Indianapolis	Marion
Dupuy, Charles M. (S)	Riley	Vigo
Durham, Lowell J.	La Porte	La Porte
Durkee, Melvin S.	Evansville	Vanderburgh
Dusard, Joseph C.	Bedford	Lawrence
DuSold, Donald D.	Crown Point	Lake
Dutchess, C. Toney	Galveston	Cass
Dutchman, William R.	Chandler	Warrick
DuVall, William N. (S)	Mishawaka	St. Joseph
Dyar, Edwin W.	Indianapolis	Marion
Dycus, Walter A.	Evansville	Vanderburgh
Dye, William E.	Oakland City	Gibson
Dyer, George W.	Terre Haute	Vigo
Dyer, Wallace K.	Evansville	Vanderburgh
Dyke, Richard W.	Indianapolis	Marion
Dyken, Mark L.	Indianapolis	Marion
Dykhuizen, Theodore A.	Frankfort	Clinton

## E

Eades, R. Charles	South Bend	St. Joseph
Eades, Ralph C.	Valparaiso	Porter
Earl, Max M.	Kokomo	Howard
Easter, James N.	Indianapolis	Marion
Eastman, Joseph R., Jr.	Indianapolis	Marion
Eaton, Edwin R.	Indianapolis	Marion
Eaton, Lyman D.	Greenwood	Johnson
Eaton, Marion J.	Lafayette	Tippecanoe
Ebbinghouse, Tom	Richmond	Wayne-Union
Ebersole, Carl	Tucson, Ariz.	St. Joseph
Ebert, J. Wayne	Indianapolis	Marion
Eberwein, John H. (S)	Indianapolis	Marion
Ebin, Judah L.	South Bend	St. Joseph
Eby, Ida L. (S)	Warren	Huntington
Echsner, Herman J.	Columbus	Bartholomew-
		Brown
Eckert, Russell A.	Logansport	Cass
Edlavitch, Baruch M.	Fort Wayne	Allen
Edmonds, Kendrick	Bedford	Lawrence
Edwards, Bernard E.	South Bend	St. Joseph
Edwards, Edward T., Jr.	Vincennes	Knox
Edwards, Wendell L.	Indianapolis	Marion
Edwards, William F.	New Albany	Floyd
Egan, Sherman	South Bend	St. Joseph
Egbert, Herbert L.	Indianapolis	Marion

Name	City	County
Eggers, Ernest L.	Hammond	Lake
Eggers, Henry W.	Hammond	Lake
Eggers, Richard	Crawfordsville	Montgomery
Egnatz, Nicholas	Hammond	Lake
Ehrich, William S. (S)	Evansville	Vanderburgh
Ehrman, Calder D. (S)	Rockport	Spencer
Eicher, Palmer O.	Indianapolis	Marion
Eifert, Elmer E.	Alfordsville	Daviess-
		Martin
Eikenberry, Hugh W.	Indianapolis	Marion
Eisaman, Jack L.	Bluffton	Wells
Eisenberg, David A.	Martinsville	Morgan
Eisterhold, John A.	Evansville	Vanderburgh
Eldridge, Gail E.	Indianapolis	Marion
Elkins, James P.	Indianapolis	Marion
Elledge, Ray	Hammond	Lake
Ellerbrook, George E.	Vevay	Jefferson-
		Switzerland
Ellett, John, Jr.	Coatesville	Hendricks
Elliott, John C. (S)	Guilford	Dearborn-Ohio
Elliott, Lloyd A.	Elkhart	Elkhart
Elliott, Ralph A.	Gary	Lake
Elliott, Thomas A.	Elkhart	Elkhart
Ellis, Davis W.	Rushville	Rush
Ellis, George M.	Connersville	Fayette-
		Franklin
Ellis, Lyman H.	Lizton	Hendricks
Ellis, Seth W.	Anderson	Madison
Ellis, William N.	Indianapolis	Marion
Ellison, Alfred	La Jolla, Calif.	St. Joseph
Elshout, Clem H.	La Porte	La Porte
Elsner, Lawrence W.	Seymour	Jackson
Elsten, Aubrey W.	Anderson	Madison
Elston, Lynn W.	Fort Wayne	Allen
Elston, Ralph W.	Fort Wayne	Allen
Elward, Carl J.	Wabash	Wabash
Emenhiser, Donald C.	New Haven	Allen
Emenhiser, John L.	Fort Wayne	Allen
Emery, Charles B.	Bedford	Lawrence
Emhardt, John T.	Indianapolis	Marion
Emhardt, John W. A.	Indianapolis	Marion
Emme, Richard W.	Harlan	Allen
Endicott, Wayne	Greenfield	Hancock
Engel, Edward L.	Evansville	Vanderburgh
Engeler, James E.	Lafayette	Tippecanoe
Engle, Russell B.	Winchester	Randolph
Engleman, Harry K. (S)	Georgetown	Floyd
English, Herbert M.	Gary	Lake
English, John P.	South Bend	St. Joseph
Ensey, Philip L.	Richmond	Wayne-Union
Ensminger, Leonard A. (S)	Indianapolis	Marion
Entner, Charles L.	Connersville	Fayette-
		Franklin
Episcopo, Arsenius R.	Salem	Washington
Erdel, Milton W.	Frankfort	Clinton
Erehart, Archie D.	Anderson	Madison
Erehart, Mark G.	Huntington	Huntington
Ericksen, Lester G.	South Bend	St. Joseph
Erickson, Gustaf W.	South Bend	St. Joseph
Ericson, Harold L.	Windfall	Tipton
Espy, Theodore R.	Gary	Lake
Estes, Ambrose C.	Bloomington	Owen-Monroe
Evans, Frederick H.	Indianapolis	Marion
Evans, Frederick J.	Clinton	Parke-
		Vermillion
Evans, Paul V.	Indianapolis	Marion
Everly, Ralph V.	Indianapolis	Marion
Eviston, John B.	Huntington	Huntington
Ewing, Nathaniel D.	Vincennes	Knox

## F

Fadell, Matthew J.	Gary	Lake
Fadul, Armand	East Chicago	Lake
Fagaly, William J.	Lawrenceburg	Dearborn-Ohio
Failey, Robert B.	Indianapolis	Marion
Fair, Herbert D. (S)	Muncie	Delaware-
		Blackford



Name	City	County	Name	City	County
Faith, Ira L.	Evansville	Vanderburgh	Fletcher, Charles F. (S)	Sunman	Ripley
Faltin, Ladislaus	South Bend	St. Joseph	Flick, John J.	Indianapolis	Marion
Fargher, Francis M.	Michigan City	La Porte	Flora, Fred	Frankfort	Clinton
Fargher, Robert A.	La Porte	La Porte	Flora, Joseph O.	Indianapolis	Marion
Farner, James E.	Mishawaka	St. Joseph	Folck, John K.	Princeton	Gibson
Farnsworth, Samuel A.	La Porte	La Porte	Folkening, Norval C.	Indianapolis	Marion
Farr, James C.	Paragon	Morgan	Foltz, Lloyd E.	Brownsburg	Hendricks
Farrell, John J., Jr.	Greenfield	Hancock	Forbes, Violet Crabbe	Wolcott	White
Farrell, Joseph T.	Indianapolis	Marion	Foreman, Harry L.	Indianapolis	Marion
Farris, John J.	Washington	Daviess-Martin	Foreman, Walter A.	Brookville	Fayette-Franklin
Faul, Henry J.	Evansville	Vanderburgh	Forry, Frank	Indianapolis	Marion
Faulkner, Donald J.	Hobart	Lake	Forsee, Norman E.	Jeffersonville	Clark
Fausset, C. Basil	Indianapolis	Marion	Forsyth, David H. (S)	Terre Haute	Vigo
Faw, Melvin L.	Evansville	Vanderburgh	Fosbrink, Ephriam L.	Syracuse	Kosciusko
Feferman, Martin E.	South Bend	St. Joseph	Fosgate, Harold	Acton	Marion
Feinn, Harry S.	La Porte	La Porte	Fosgate, Orville E.	Russiaville	Howard
Feldman, Max	South Bend	St. Joseph	Foster, Lee N.	Indianapolis	Marion
Fender, Asa H.	Worthington	Greene	Foster, Ray T.	Newcastle	Henry
Fenneman, Robert J.	Evansville	Vanderburgh	Foster, Robert	Franklin	Johnson
Ferguson, Arthur N.	Fort Wayne	Allen	Fountaine, Thomas J.	Bedford	Lawrence
Ferguson, Donald H.	Anderson	Madison	Fouts, Dallas B.	Louisville, Ky.	Marion
Ferguson, William B.	Lafayette	Tippecanoe	Fouts, Paul J.	Indianapolis	Marion
Ferrara, Donald W.	Peru	Miami	Fowler, Richard R.	Bloomington	Owen-Monroe
Ferrara, Joseph F.	Franklin	Johnson	Fox, C. Philip	Washington	Daviess-Martin
Ferrara, Samuel J.	Peru	Miami			
Ferrell, Mars B.	Fortville	Hancock	Fox, Jack	Hammond	Lake
Ferry, Francis A.	Indianapolis	Marion	Fox, Maurice S.	Vincennes	Knox
Ferry, John L.	Whiting	Lake	Foxworthy, Donald L.	Tampa, Fla.	Marion
Ferry, Paul W.	Kokomo	Howard	Foy, Hayward W.	Fort Wayne	Allen
Fessler, Gordon S.	Rising Sun	Dearborn-Ohio	Frale, Frank, Jr.	Milan	Ripley
Fichman, Abraham M.	Fort Wayne	Allen	Fralich, Joseph C.	Milwaukee, Wis.	Marion
Fickas, Dallas	Evansville	Vanderburgh			
Fiederlein, Frederick J.	Terre Haute	Vigo	Frank, Herbert	South Bend	St. Joseph
Fields, Don C.	Indianapolis	Marion	Frank, John R.	Valparaiso	Porter
Filipek, Walter J.	South Bend	St. Joseph	Frank, Lyall L.	South Bend	St. Joseph
Fine, Nathaniel J.	Indianapolis	Marion	Frankhouser, Charles M. A.	Fort Wayne	Allen
Finfrock, James D.	Fayetteville, Ark.	Marion	Franklin, William L.	Indianapolis	Marion
Finneran, Joseph C.	Indianapolis	Marion	Frankowski, Clementine	Whiting	Lake
Fipp, August L.	Rome City	Noble	Frantz, Mount E.	Bryan A.F.B., Texas	Hendricks
Firestein, Ben Z.	South Bend	St. Joseph			
Firestein, Ray	South Bend	St. Joseph	Frasch, Mahlon G.	Lafayette	Tippecanoe
Fisch, Charles	Indianapolis	Marion	Frash, De Von W.	South Bend	St. Joseph
Fischer, Albert A.	Indianapolis	Marion	Frazier, Jack L.	Kokomo	Howard
Fischer, Burnell	Hammond	Lake	Freeborn, Warren S.	New York, N. Y.	Marion
Fischer, Carlton N.	La Porte	La Porte			
Fischer, Warren E.	Anderson	Madison	Freed, Carl A.	Indianapolis	Marion
Fish, Clyde M. (S)	South Bend	St. Joseph	Freed, John E., Jr.	Terre Haute	Vigo
Fish, Edson C.	South Bend	St. Joseph	Freed, John E.	Terre Haute	Vigo
Fisher, Frank C.	San Francisco, Calif.	Marion	Freeland, Bill	Batesville	Ripley
			Freeman, Floyd M.	Goshen	Elkhart
Fisher, Gerald E.	Ippy French Equatorial Africa	Marion	Freeman, Leslie W.	Indianapolis	Marion
			Freeman, Max E.	Indianapolis	Marion
Fisher, Henry	Marion	Grant	Frey, Harley B.	Lafayette	Tippecanoe
Fisher, John E.	Attica	Fountain-Warren	Frey, William B.	South Bend	St. Joseph
			Friedman, Isadore E.	Hammond	Lake
Fisher, John E.	Newcastle	Henry	Friedman, Morris S.	South Bend	St. Joseph
Fisher, Lawrence F.	South Bend	St. Joseph	Friedrich, Louis M. (S)	Hobart	Lake
Fisher, Walter S.	Columbus	Bartholomew-Brown	Frierson, Bewley F.	Logansport	Cass
			Frith, Louis G.	South Bend	St. Joseph
Fisher, William C.	Evansville	Vanderburgh	Fritsch, Louis E. (S)	Indianapolis	Marion
Fitzgerald, Brice E.	Logansport	Cass	Fromhold, Willis A.	Indianapolis	Marion
Fitz Gerald, Maurice D.	Evansville	Vanderburgh	Frost, Robert J.	Michigan City	La Porte
Fitzgerald, William J.	Indianapolis	Marion	Fruth, Rodney B.	Connersville	Fayette-Franklin
Fitzpatrick, Harry W.	Elwood	Madison			
Fitzpatrick, James S.	Portland	Jay	Fruth, Virgil J.	Connersville	Fayette-Franklin
Flack, Russell A.	Lafayette	Tippecanoe			
Flaherty, Walter T.	Michigan City	La Porte	Fry, Robert D.	Indianapolis	Marion
Flanagan, Paul M.	Indianapolis	Marion	Fujawa, Matthew J.	Mishawaka	St. Joseph
Flanders, Robert J.	Indianapolis	Marion	Fullerton, Robert L.	Monticello	White
Flanigan, Meredith B.	Indianapolis	Marion	Fultz, Roy L.	Salem	Washington
Flannigan, Harley F.	LaGrange	LaGrange	Funk, John W.	Muncie	Delaware-Blackford
Fleetwood, Raymond A.	Nappanee	Elkhart			
Fleischer, Jacob C.	East Chicago	Lake	Funkhouser, Elmer	Indianapolis	Marion
Fleischl, Herbert	Indianapolis	Marion	Fuqua, Harold B.	Terre Haute	Vigo
Fleming, Claude F. (S)	Elkhart	Elkhart	Fuson, Wenfred J.	Greencastle	Putnam
			Futterknecht, James O.	Elkhart	Elkhart



Name	City	County	Name	City	County
G			Gilkison, William L. (S)	Shoals	Daviess-Martin
Gabe, William E.	Orinda, Calif.	Marion	Gill, Bernard P.	Chandler	Warrick
Gaddy, Euclid T.	Indianapolis	Marion	Gill, Dee D.	Greenfield	Hancock
Gaddy, Nelson D.	Trenton, N. J.	Marion	Gill, John R.	Hobart	Lake
Gaffney, Raymond	South Bend	St. Joseph	Gill, Thomas A.	Muncie	Delaware-Blackford
Gailey, Ivan	Chrisney	Spencer	Gillespie, Charles E. (S)	Seymour	Jackson
Galbreath, Russell S.	Huntington	Huntington	Gillespie, Charles F.	Indianapolis	Marion
Galbreath, Jesse P. (S)	Burnettsville	White	Gillespie, Garland R.	Brownstown	Jackson
Galliher, Marjorie J.	Muncie	Delaware-Blackford	Gillespie, Jacob E.	Indianapolis	Marion
Gallinatti, John J.	Gary	Lake	Gillespy, Thurman	Eaton	Delaware-Blackford
Gambill, William D.	Indianapolis	Marion	Gillette, Walter R.	Ulster, Pa.	Wells
Gammell, Lindley L.	Edinburg	Johnson	Gilliatt, James P.	Salem	Washington
Gammieri, Robert L.	Indianapolis	Marion	Gillum, Eugene M.	Portland	Jay
Gannon, George W. (S)	Gary	Lake	Gilman, Marcus M.	South Bend	St. Joseph
Ganser, Ralph V.	South Bend	St. Joseph	Gilmore, Robert W.	Michigan City	La Porte
Ganser, Richard A.	Mishawaka	St. Joseph	Gilmore, Russell A.	Michigan City	La Porte
Gante, Henry W.	Anderson	Madison	Gingerick, Charles M.	Liberty Center	Wells
Ganz, Max	Marion	Grant	Giordano, Alfred S.	Sarasota, Fla.	St. Joseph
Garber, J. Neill	Indianapolis	Marion	Giorgio, Douglas J.	Evansville	Vanderburgh
Garceau, George J.	Indianapolis	Marion	Girod, Arthur H.	Decatur	Adams
Gard, Daniel A.	Indianapolis	Marion	Gitlin, Max M.	Bluffton	Wells
Gardiner, H. Glenn	East Chicago	Lake	Gitlin, William A.	Bluffton	Wells
Gardiner, Sprague H.	Indianapolis	Marion	Glackman, John C., Jr.	Rockport	Spencer
Gardner, Buckman	Indianapolis	Marion	Glackman, John C. (S)	Rochester	Fulton
Gardner, Melvin D.	Michigan City	La Porte	Gladstone, Nah H.	Fort Wayne	Allen
Gardner, Russell A.	Michigan City	La Porte	Glass, Robert L.	Indianapolis	Marion
Garfield, Martin D.	Indianapolis	Marion	Glendening, John L.	Indianapolis	Marion
Garland, Edgar A.	Evansville	Vanderburgh	Glendening, Richard L.	Logansport	Cass
Garling, Luvern C.	Muncie	Delaware-Blackford	Glenn, Fred C. (S)	Tell City	Perry
Garner, William (S)	Indianapolis	Marion	Glock, Homer E. (S)	Fort Wayne	Allen
Garner, W. Stanley	Indianapolis	Marion	Glock, Maurice E.	Fort Wayne	Allen
Garner, William H.	New Albany	Floyd	Glock, Wayne R.	Fort Wayne	Allen
Garner, William H., Jr.	Selfridge AFB, Mich.	Floyd	Glosson, Jack R.	Clay City	Clay
Garrett, John D. (S)	Indianapolis	Marion	Glover, William J.	Gary	Lake
Garrett, Robert A.	Indianapolis	Marion	Gobbel, Novy E.	English	Harrison-Crawford
Garrison, James L.	Cumberland	Marion	Goebel, Carl W.	Fort Wayne	Allen
Garrison, Leon J.	Gas City	Grant	Godersky, George E.	South Bend	St. Joseph
Garton, Harry W.	Fort Wayne	Allen	Goethals, Charles J.	Mishawaka	St. Joseph
Gastineau, David C.	Indianapolis	Marion	Goldberg, Harold B.	Gary	Lake
Gastineau, Frank M.	Indianapolis	Marion	Golding, Robert F.	Gary	Lake
Gatch, Willis D. (S)	Indianapolis	Marion	Goldman, Samuel	Indianapolis	Marion
Gates, George E.	South Bend	St. Joseph	Goldsmith, David A.	Marion	Grant
Gattman, George B.	Elkhart	Elkhart	Goldstone, Adolph	Gary	Lake
Gaul, L. Edward	Evansville	Vanderburgh	Goldstone, Harry A.	Wabash	Wabash
Gaunt, Everett W.	Alexandria	Madison	Goldstone, Joseph	Gary	Lake
Geckler, Charles E.	Muncie	Delaware-Blackford	Goldstone, Sidney R.	Gary	Lake
Gehres, Robert W.	Shelbyville	Shelby	Golper, Marvin N.	Kokomo	Howard
Geick, Raymond G.	Fort Branch	Gibson	Good, Richard P.	Kokomo	Howard
Geider, Roy A.	Indianapolis	Marion	Goodman, Eli S.	Charlestown	Clark
Geiger, Dillon D.	Bloomington	Owen-Monroe	Goodman, Hubert T.	Terre Haute	Vigo
Geisinger, Lewis N. (S)	Auburn	De Kalb	Goodwin, Caroline J.	Indianapolis	Marion
Geller, Samuel	Owensville	Gibson	Goodwin, Columbus B. (S)	Kendallville	Noble
Genovese, Pasquale	Indianapolis	Marion	Gootee, Francis H.	Loogootee	Daviess-Martin
Genna, Mary E. Miller	Indianapolis	Marion	Gootee, Thomas H.	Jasper	Dubois
Gentile, John P.	New Albany	Floyd	Gordon, Joseph L.	Wheeler	Porter
George, Charles L.	Indianapolis	Marion	Gormley, Joseph J.	Indianapolis	Marion
Gerdling, William J.	Fort Wayne	Allen	Gosman, James H.	Indianapolis	Marion
Geronimo, Manuel M.	East Chicago	Lake	Gossard, Meredith B.	Tipton	Tipton
Geronimo, Rita R. V.	East Chicago	Lake	Gossom, Donn R.	Terre Haute	Vigo
Gerrish, Donald A.	Terre Haute	Vigo	Gould, Lyman K.	Fort Wayne	Allen
Gerrish, Wakefield D. (S)	Clinton	Parke-Vermillion	Govorchin, Alexander	East Chicago	Lake
Gery, Richard E.	Lafayette	Tippecanoe	Graber, Virgil R.	Elkhart	Elkhart
Getty, William H.	Evansville	Vanderburgh	Graessle, Harold P.	Seymour	Jackson
Gevirtz, Milton B.	Hammond	Lake	Graf, Jerome A.	Bloomfield	Greene
Geyer, Joseph	New Albany	Floyd	Graf, John E. (S)	Morton	
Gibbs, Charles (S)	Greenfield	Hancock	Graf, John P.	Grove, Ill.	Marion
Gibbs, Joseph W.	Martinsville	Morgan	Graham, George M.	South Bend	St. Joseph
Gibson, Greta Maxine	Indianapolis	Marion	Graham, John D.	Fort Wayne	Allen
Gick, Herman H.	Indianapolis	Marion	Graham, Benjamin F.	Indianapolis	Marion
Gifford, Fred E.	Indianapolis	Marion	Grant, M. Arthur	Gary	Lake
Gilbert, Ivan	Terre Haute	Vigo		Fairmount	Grant



Name	City	County	Name	City	County
Grant, Phyllis	New Castle	Henry	Hagie, Franklin E.	Richmond	Wayne-Union
Graves, John W.	Indianapolis	Marion	Hahn, E. Vernon	Indianapolis	Marion
Graves, Noel S.	Vevay	Jefferson-Switzerland	Haley, Alvin J.	Fort Wayne	Allen
Graves, Orville M.	Princeton	Gibson	Haley, Paul E.	South Bend	St. Joseph
Gray, Clyde C. (S)	Cloverdale	Putnam	Halfast, Richard W.	Kokomo	Howard
Gray, Daniel E.	Crown Point	Lake	Hall, Bernard R.	Logansport	Cass
Gray, Leon	Martinsville	Morgan	Hall, Emory H.	Dunkirk	Jay
Gray, Paul M.	Huntington	Huntington	Hall, Frank M.	Indianapolis	Marion
Grayston, Wallace S. (S)	Huntington	Huntington	Hall, Jack H.	Indianapolis	Marion
Green, Carl L.	Vincennes	Knox	Hall, James M.	South Bend	St. Joseph
Green, Frank H.	Rushville	Rush	Hall, Orville A.	Muncie	Delaware-Blackford
Green, George F.	South Bend	St. Joseph	Hall, Thomas C.	Chesterton	Porter
Green, John H.	North Vernon	Jennings	Halleck, Harold J.	Winamac	Pulaski
Green, Leonard J.	Valparaiso	Porter	Haller, Richard C.	Fort Wayne	Allen
Green, Norval E.	South Bend	St. Joseph	Haller, Robert L.	Fort Wayne	Allen
Green, Oscar	Indianapolis	Marion	Haller, Thomas C.	Crawfordsville	Montgomery
Greenburg, Rolland	Great Lakes, Ill.	Dubois	Hamer, Homer G. (S)	Indianapolis	Marion
Greene, Frederick G.	Bloomington	Parke-Vermillion	Hamilton, Antha A.	Vevay	Jefferson-Switzerland
Greene, Morgan E.	Indianapolis	Marion	Hamilton, Charles O.	South Bend	St. Joseph
Greene, William R.	Henryville	Clark	Hamilton, Emory D.	Fort Wayne	Allen
Greenlee, Robert L.	Fort Wayne	Allen	Hamilton, Guy W. (S)	Durati, Calif.	Jefferson-Switzerland
Gregg, Albert F.	Connersville	Fayette-Franklin	Hamilton, James R.	Mitchell	Lawrence
Gregg, Edwin E.	Thorntown	Boone	Hamilton, Mary F.	Evansville	Vanderburgh
Gregoline, Amadeo F.	Gary	Lake	Hamilton, M. Luther (S)	Newberry	Greene
Gregory, William L.	Gastonia, N. C.	Marion	Hamilton, Orville G.	Bluffton	Wells
Greiber, Marvin F.	Muncie	Delaware-Blackford	Hamilton, Thomas	Columbia City	Whitley
Greisen, Jack G.	Whiting	Lake	Hammel, Howard T.	Bedford	Lawrence
Greist, John H.	Indianapolis	Marion	Hammer, Jay W.	Middletown	Henry
Greist, Walter D.	Fort Wayne	Allen	Hammersley, George K.	Frankfort	Clinton
Griep, Arthur H.	Evansville	Vanderburgh	Hammond, James B.	Indianapolis	Marion
Griffin, Joseph P.	Gary	Lake	Hammond, Keith	Paoli	Orange
Griffis, Vierl C.	Richmond	Wayne-Union	Hammond, R. Case	Evansville	Vanderburgh
Griffith, Harold R.	Fort Wayne	Allen	Hammond, Stanley M.	Portland	Jay
Griffith, James W.	Sheridan	Hamilton	Hampshire, Donald R.	Indianapolis	Marion
Griffith, Richard S.	Indianapolis	Marion	Hampton, James N.	Argos	Marshall
Griffith, Ross E.	Indianapolis	Marion	Hancock, John G.	Indianapolis	Marion
Grigsby, Hardin B.	Lebanon	Boone	Haney, William	Madison	Jefferson-Switzerland
Grillo, Donald	South Bend	St. Joseph	Hanley, Harriet F.	South Bend	St. Joseph
Grimes, Hubert N.	Indianapolis	Marion	Hann, Eldon C.	Indianapolis	Marion
Grindrod, John M.	Terre Haute	Vigo	Hanna, Thomas A.	Indianapolis	Marion
Gripe, Richard P.	Lafayette	Tippecanoe	Hannah, Charles W.	Swansboro, N. C.	Randolph
Grisell, Ted L.	Indianapolis	Marion	Hannah, Jack W.	Wakarusa	Elkhart
Grosso, William G.	East Chicago	Lake	Hanneken, Vincent J.	Wabash	Wabash
Gorud, Alton C.	South Bend	St. Joseph	Hansell, Robert M.	Indianapolis	Marion
Grotts, Bruce F.	Chicago, Ill.	La Porte	Hanson, Martin F.	Elwood	Madison
Grove, Robert H.	Rossville	Clinton	Harcourt, Allan K.	Indianapolis	Marion
Gruber, Charles M.	Indianapolis	Marion	Harden, Murray E.	Lafayette	Tippecanoe
Guckien, Joseph L.	Evansville	Vanderburgh	Hardin, Wayne E.	Ossian	Wells
Gustafson, Carl J.	Marion	Grant	Harding, M. Richard	Indianapolis	Marion
Gustafson, Milton	Muncie	Delaware-Blackford	Harding, Myron S.	Indianapolis	Marion
Gustaitis, John W.	Whiting	Lake	Harding, Paul C.	Indianapolis	Marion
Guthrie, James R.	Richmond	Wayne-Union	Hardtke, Eldred F.	Bloomington	Owen-Monroe
Guthrie, James U.	Lafayette	Tippecanoe	Hardy, John J.	North Liberty	St. Joseph
Guthrie, William H.	Butlerville	Jennings	Hare, Daniel M.	Evansville	Vanderburgh
Gutstein, Richard R.	Kendallville	Noble	Hare, Earl H.	Indianapolis	Marion
Guttman, John B.	Indianapolis	Marion	Hare, Francis W., Jr.	Madison	Jefferson-Switzerland
Gwin, Merle D. (S)	Miami Beach, Fla.	Jasper-Newton	Hare, Laura	Indianapolis	Marion
H			Harger, Robert W.	Indianapolis	Marion
Haas, Charles F.	Lafayette	Tippecanoe	Harkcom, Harry E.	St. Paul	Decatur
Habegger, Elmer D.	Indianapolis	Marion	Harkness, Robert G.	Terre Haute	Vigo
Habich, Carl	Indianapolis	Marion	Harless, Clarence M.	Chesterton	Porter
Hackett, Walter G.	Fort Wayne	Allen	Harless, Fred	Monroeville	Allen
Hade, Frederick L.	Bridgeport	Marion	Harmon, Carl J.	Richmond	Wayne-Union
Hadley, David	Indianapolis	Marion	Harmon, Vachelle E.	South Bend	St. Joseph
Hadley, Harvey (S)	Richmond	Wayne-Union	Harold, Albert H. (S)	Indianapolis	Marion
Haffner, Herman G.	Fort Wayne	Allen	Harold, Norris E. (S)	Indianapolis	Marion
Haggard, David B.	Danville	Hendricks	Harper, James W.	Gary	Lake
Haggard, Edmund B.	Indianapolis	Marion	Harris, Carl B.	Indianapolis	Marion
			Harris, Jackson	Indianapolis	Marion
			Harris, Paul N.	Indianapolis	Marion
			Harris, Robert F.	Noblesville	Hamilton



Name	City	County	Name	City	County
Harris, Robert W.	New Albany	Floyd	Henderson, Norman C.	Michigan City	La Porte
Harrison, Benjamin L.	New Castle	Henry	Henderson, Ramon A.	Muncie	Delaware- Blackford
Harshman, James A.	Indianapolis	Marion	Henderson, Roscoe C.	Indianapolis	Marion
Harshman, Louis P.	Fort Wayne	Allen	Henderson, William P.	Indianapolis	Marion
Harstad, Casper	Rockville	Parke- Vermillion	Hendricks, Fred A.	Rantoul, Ill.	Marion
Hart, L. Paul	Evansville	Vanderburgh	Hendricks, John W.	Indianapolis	Marion
Hart, Robert B.	Columbus	Bartholomew- Brown	Hendrix, Charles E.	Vincennes	Knox
Hart, William D.	Anderson	Madison	Henn, R. Anthony	Greenfield	Hancock
Harter, Eli B.	Lafayette	Tippecanoe	Henning, Carl (S)	Hanover	Jefferson- Switzerland
Hartley, Clarence A., Jr.	Evansville	Vanderburgh	Henry, Alvin L.	Columbus	Bartholomew- Brown
Hartman, John J.	Angola	Steuben	Henry, Howard J.	Knox	Starke
Hartsough, Ralph I.	Remington	Jasper- Newton	Henry, Russell S.	Indianapolis	Marion
Hartz, F. Minton	Evansville	Vanderburgh	Hensler, Benton M.	Anderson	Madison
Harvey, Harry C.	Fort Wayne	Allen	Hepburn, C. K.	Indianapolis	Marion
Harvey, Ralph J.	Zionsville	Boone	Hepner, Herman	Kendallville	Noble
Harvey, Verne K., Jr.	Indianapolis	Marion	Hepner, Herman S.	Bloomington	Owen-Monroe
Harvey, Verne K.	Washington, D. C.	Marion	Herd, Cloyd N.	Peru	Miami
Hasewinkel, Carroll W.	Indianapolis	Marion	Herendeen, Elbie V.	Rochester	Fulton
Hasewinkle, August M.	Fort Wayne	Allen	Heritier, C. Jules	Columbia City	Whitley
Hash, John S.	Noblesville	Hamilton	Hermayer, Stephen	Evansville	Vanderburgh
Haslem, Ezra R.	Terre Haute	Vigo	Herr, John W.	Tell City	Perry
Haslem, John R.	Terre Haute	Vigo	Herrick, Charles L.	Akron	Fulton
Haslinger, Clarence J.	Indianapolis	Marion	Herring, George N.	Richmond	Wayne-Union
Hastings, Warren C.	Fort Wayne	Allen	Herrmann, Gordon T.	Evansville	Vanderburgh
Hatfield, Jack J.	Indianapolis	Marion	Herrold, George W.	Lafayette	Tippecanoe
Hatfield, Nicholas W.	Indianapolis	Marion	Hershberger, Philip	Fort Wayne	Allen
Hathaway, Clayton B.	Butler	De Kalb	Hershey, Ernest A., Jr.	Churubusco	Whitley
Hattendorf, Anton P.	Fort Wayne	Allen	Hershey, Ernest A.	Churubusco	Whitley
Haugseth, Ellsworth K.	South Bend	St. Joseph	Herzberg, Milton	Clinton	Parke- Vermillion
Hauss, Augustus P.	New Albany	Floyd	Herzer, Clarence C.	Evansville	Vanderburgh
Havens, A. Lyle	Jeffersonville	Clark	Hess, Paul P.	New Albany	Floyd
Havens, Oscar	Cicero	Hamilton	Hetherington, Arthur M.	Indianapolis	Marion
Havens, Russell E.	Fort Wayne	Allen	(S)		
Havice, Jay F.	Lake Lure, N. C.	Allen	Hetherington, John A.	Indianapolis	Marion
Hawes, James H.	Indianapolis	Marion	Hetman, Mitchell J.	Westville	La Porte
Hawes, James K. (S)	Columbus	Bartholomew- Brown	Heubi, John E.	Indianapolis	Marion
Hawes, Marvin E.	Columbus	Bartholomew- Brown	Hiatt, Russell L.	Fort Wayne	Allen
Hawkins, Richard D.	Bedford	Lawrence	Hibbs, William G.	Franklin	Johnson
Hay, Gene R.	Michigan City	LaPorte	Hibner, Kermit	Danville	Hendricks
Hayes, Jesse D.	East Chicago	Lake	Hibner, Nolan A.	Monticello	White
Hayes, Theodore R.	Muncie	Delaware- Blackford	Hickman, A. Lee	Hammond	Lake
Haymond, Joseph L.	Indianapolis	Marion	Hickman, Donald	Fort Wayne	Allen
Haynes, John T.	Indianapolis	Marion	Hickman, Walter F.	Indianapolis	Marion
Hays, Everett L.	Indianapolis	Marion	Hicks, Murwyn L.	Indianapolis	Marion
Hazinski, Robert T.	Griffith	Lake	Hicks, Wilbur D.	Indianapolis	Marion
Headley, Lloyd M.	Lebanon	Boone	Hiestand, Harley J.	Pennville	Jay
Healey, Robert J.	Indianapolis	Marion	Higbee, Paul (S)	Sullivan	Sullivan
Heard, Albert	Evansville	Vanderburgh	Higgins, James L.	Petersburg	Pike
Heaton, Elton	Huntingburg	Dubois	Higgins, John R.	New Albany	Floyd
Heck, Martin C.	Jasper	Dubois	Higgins, Kenneth E.	Fort Wayne	Allen
Heck, Rolfe A.	College Cor- ner, Ohio	Wayne-Union	High, Ralph L.	Muncie	Delaware- Blackford
Hedde, Eugene L.	Logansport	Cass	Hilbert, John W.	South Bend	St. Joseph
Hedgcock, Robert A.	Frankfort	Clinton	Hildebrand, John O.	South Bend	St. Joseph
Hedrick, James T.	Gary	Lake	Hill, Gladys Marie	Richmond	Wayne-Union
Hedrick, Philip W.	Indianapolis	Marion	Hill, Harold D.	Richmond	Wayne-Union
Heilman, William C., Jr.	New Castle	Henry	Hill, Howard E.	Muncie	Delaware- Blackford
Heilman, William C.	New Castle	Henry	Hill, Kenneth G.	New Castle	Henry
Heimbürger, Robert F.	Indianapolis	Marion	Hill, Lloyd	White Sands New Mexico	Miami
Heinrich, Weston A.	Evansville	Vanderburgh	Hill, Paul G.	Cambridge City	Wayne-Union
Heinrichs, Harry H. (S)	Muncie	Delaware- Blackford	Hill, Robert E.	Yorktown	Delaware- Blackford
Held, George A.	Jasper	Dubois	Hill, Theodore A.	South Bend	St. Joseph
Heller, Nelson L.	Dunkirk	Jay	Hilldrup, Don G.	Indianapolis	Marion
Helmen, Harry W. (S)	South Bend	St. Joseph	Hillenbrand, Charles	Michigan City	La Porte
Helmer, John F.	South Bend	St. Joseph	Hillery, John L.	Warsaw	Kosciusko
Heminway, Norman L.	Elkhart	Elkhart	Hillis, Lowell J.	Logansport	Cass
Hemsworth, Dorothy N.	Indianapolis	Marion	Hillman, Marion W.	South Bend	St. Joseph
Hendershot, Eugene L.	Evansville	Vanderburgh	Hillman, William H.	South Bend	St. Joseph
Henderson, Francis G.	Indianapolis	Marion	(S)		
			Himler, James M.	Indianapolis	Marion



Name	City	County	Name	City	County
Hinchman, Clarence P.	Geneva	Adams	Howard, Wm. Harry	Hammond	Lake
Hinchman, Jean F.	Parker	Randolph	Howe, Fordyce L.	Fort Wayne	Allen
Hine, Ulis B.	Indianapolis	Marion	Howell, Arthur	Indianapolis	Marion
Hines, Archie V.	Auburn	De Kalb	Howell, Joseph D.	Indianapolis	Marion
Hines, Don C.	Indianapolis	Marion	Howell, Robert D.	Indianapolis	Marion
Hines, John H.	Auburn	De Kalb	Hoyt, John M.	Kokomo	Howard
Hingeley, John E.	Butlerville	Jennings	Hoyt, Lester H.	Indianapolis	Marion
Hinshaw, Horace D.	LaPorte	La Porte	Hoyt, Marilyn C.	Indianapolis	Marion
Hippensteel, Harland V.	Auburn	De Kalb	Hoyt, Millard L.	Indianapolis	Marion
Hipskind, Richard E.	Fort Wayne	Allen	Hrisomalos, Frank N.	Indianapolis	Marion
Hirsch, Herman L.	Mt. Vernon	Posey	Hubbard, Jesse D.	Indianapolis	Marion
Hirrich, Lloyd W.	Batesville	Ripley	Huber, Carl P.	Indianapolis	Marion
Hizon, Ester	Indianapolis	Marion	Hucke, Samuel T., Jr.	Columbus	Bartholomew-Brown
Hobbs, Arthur A.	Evansville	Vanderburgh	Huckleberry, Carl D.	Indianapolis	Marion
Hochhalter, Marian	Logansport	Cass	Huckleberry, Irvin E.	Salem	Washington
Hodges, Fletcher (S)	Indianapolis	Marion	Huddle, John R.	Indianapolis	Marion
Hodgin, Phillip T.	Orleans	Orange	Hudson, Arlington M.	Connersville	Fayette-Franklin
Hodurski, Zigfield	Gary	Lake	Hudson, Foster J.	Indianapolis	Marion
Hoetzer, Eldore M.	New Haven	Allen	Huffman, Galen C.	Poneto	Wells
Hoffman, Arthur F.	Fort Wayne	Allen	Huffman, Verlin P.	S. Whitley	Whitley
Hoffman, Doris	Vincennes	Knox	Hughes, Richard R.	Lafayette	Tippicanoe
Hoffman, Herman	Indianapolis	Marion	Huggins, Victor S.	Evansville	Vanderburgh
Hoffman, Max N.	Covington	Fountain-Warren	Hull, Arthur W.	Elkhart	Elkhart
Hoffman, Robert V.	South Bend	St. Joseph	Hull, James E.	Lafayette	Tippicanoe
Hofmann, Andrew (S)	Hammond	Lake	Hull, Ronald H.	Indianapolis	Marion
Hofmann, J. William	Indianapolis	Marion	Hummel, Russel M.	Marion	Grant
Hogan, Thomas W.	Terre Haute	Vigo	Hummons, Francis D.	Indianapolis	Marion
Hogle, Frank D.	Logansport	Cass	Humphrey, Edward M.	Covington	Fountain-Warren
Hoit, Leonard	Gary	Lake	Humphrey, Paul E.	Terre Haute	Vigo
Holdeman, Lillian S.	South Bend	St. Joseph	Humphreys, Joe E.	Vincennes	Knox
Holdeman, Richard W.	South Bend	St. Joseph	Humphreys, John L.	Fort Wayne	Allen
Holladay, Lloyd J.	Lafayette	Tippicanoe	Humphreys, John W.	Crawfordsville	Montgomery
Holland, Charles E.	Goodland	Jasper-Newton	Hunsberger, Walter G.	Lafayette	Tippicanoe
Holland, Deward J. (S)	Bloomington	Owen-Monroe	Hunt, Edgar J.	Terre Haute	Vigo
Holland, Philip T.	Bloomington	Owen-Monroe	Hunt, Gayle J.	Richmond	Wayne-Union
Hollenberg, Alfred E.	Hagerstown	Wayne-Union	Hunter, Donn	Greenfield	Hancock
Hollenberg, Edward L.	Winamac	Pulaski	Hunter, Frank P.	Lafayette	Tippicanoe
Hollis, Walter H.	Fort Branch	Gibson	Hunter, Lowell G.	Milan	Ripley
Holloway, William A. (S)	Logansport	Cass	Huoni, John S.	Jeffersonville	Clark
Holman, Jerome E.	Indianapolis	Marion	Hurley, Anson G.	Muncie	Delaware-Blackford
Holman, Jerome E., Jr.	Indianapolis	Marion	Hurley, John R.	Daleville	Delaware-Blackford
Holmes, Claude D. (S)	Frankfort	Clinton	Hursey, Virgil G.	Milford	Kosciusko
Holmes, George W.	Chicago, Ill.	Lake	Hurt, LaVerne B.	Indianapolis	Marion
Holmes, John L.	Frankfort	Clinton	Hurt, Walter L.	Wolf Lake	Noble
Holsinger, Robert E.	Fort Wayne	Allen	Hurteau, William W.	Indianapolis	Marion
Holtzman, Norman N.	South Bend	St. Joseph	Huse, William M.	Indianapolis	Marion
Holtzman, Paul W.	Bloomington	Owen-Monroe	Husted, Robert G.	Hammond	Lake
Honan, Paul R.	Lebanon	Boone	Hutchison, Donald R.	Fountain City	Wayne-Union
Hood, Ainslee A.	Indianapolis	Marion	Hutto, William H.	Kokomo	Howard
Hoopes, Jane M.	Evansville	Vanderburgh	Hyatt, Gilbert T.	Evansville	Vanderburgh
Hoover, Dewey A.	Terre Haute	Vigo	Hyde, Carroll C.	South Bend	St. Joseph
Hoover, J. Guy	Evansville	Vanderburgh	Hynes, Roy T.	Indianapolis	Marion
Hoover, Peter B.	Boonville	Warrick		I	
Hopkins, Joseph R.	Hammond	Lake	Ibarra, Jesus	Gary	Lake
Hopkins, Lester H.	Versailles	Ripley	Imhof, Joseph D.	Muncie	Delaware-Blackford
Hoppenrath, Wesley M.	Elwood	Madison			
Hoppenrath, William (S)	Elwood	Madison	Ingwell, Guy B.	Knox	Starke
Horning, Richard R.	Fort Wayne	Allen	Inlow, Herbert H.	Shelbyville	Shelby
Horst, William N.	Crown Point	Lake	Inlow, William D.	Shelbyville	Shelby
Horswell, Richard G.	Bristol	Elkhart	Irick, Robert L.	Auburn	DeKalb
Horwitz, Thomas	Indianapolis	Marion	Irish, Wilbur J.	East Chicago	Lake
Hostetler, Carl M.	Goshen	Elkhart	Irwin, Glenn W., Jr.	Indianapolis	Marion
Hostetter, Irwin S.	Muncie	Delaware-Blackford	Irwin, Seth (S)	Anderson	Madison
			Iske, Paul G.	Indianapolis	Marion
Houser, D. Stanley	Lakeville	St. Joseph	Isler, Nathaniel C.	Jeffersonville	Clark
Houser, Wayne W.	Monon	White	Itermann, George E.	New Castle	Henry
Houston, Fred D.	Lawrenceburg	Dearborn-Ohio	Ives, Raymond J.	Francesville	Pulaski
			Ivy, John H.	Elkhart	Elkhart
				J	
Hover, Galen	Charlestown	Clark	Jackson, Charles E.	Bluffton	Wells
How, John T. (S)	Lakeville	St. Joseph	Jackson, Dean B.	Hartford City	Delaware-Blackford
How, Louis E.	South Bend	St. Joseph			
Howard, William F.	Cherry Point, N. C.	Marion			







Name	City	County
Kennedy, Robert O. (S)	Rushville	Rush
Kennedy, Walter U.	New Castle	Henry
Kenney, David B.	Indianapolis	Marion
Kenney, Francis D.	Hammond	Lake
Kenoyer, Wilbur L.	Lackland AFB Texas	Marion
Kent, Richard N.	Fort Wayne	Allen
Kenyon, Charles E.	Cambridge City	Wayne-Union
Kephart, S. Bruce	Bluffton	Wells
Kepler, Robert W.	La Porte	La Porte
Kercheval, John M.	Clinton	Parke- Vermillion
Kern, Charles B. (S)	Muncie	Delaware- Blackford
Kern, Clarence G.	Lebanon	Boone
Kerr, Donald M.	Bedford	Lawrence
Kerr, Harry R.	Indianapolis	Marion
Kerrigan, John F.	Michigan City	La Porte
Kerrigan, Robert L.	Michigan City	La Porte
Kerrigan, William F.	Connersville	Fayette- Franklin
Keseric, Nicholas E.	French Lick	Orange
Kessler, Robert B.	Evansville	Vanderburgh
Ketcham, Jane M. (S)	Indianapolis	Marion
Ketcham, John S.	Rossville	Clinton
Keyes, Robert C.	Fort Wayne	Allen
Kidd, James G.	Wood, Wis.	Wabash
Kidder, Orva T.	Fort Wayne	Allen
Kiechle, Frederick L.	Evansville	Vanderburgh
Kiely, John T.	Anderson	Madison
Kilgore, Byron W.	Indianapolis	Marion
Killian, E. Camille	Logansport	Cass
Kilmer, Warren L.	Indianapolis	Marion
Kim, Young D.	Beech Grove	Marion
Kimbrough, Robert F.	Fort Wayne	Allen
Kime, Charles E.	Richmond	Wayne-Union
Kime, Edwin N.	Indianapolis	Marion
Kimmel, George E.	Yorktown, Va.	Miami
Kincaid, Raymond K.	Tipton	Tipton
Kindell, Hurschell D.	New Rich- mond	Montgomery
King, Harold	Indianapolis	Marion
King, Jay M.	Logansport	Cass
King, Joseph W.	Anderson	Madison
King, Robert W.	Cedar Lake	Lake
King, William E.	Indianapolis	Marion
King, William F. (S)	Indianapolis	Marion
Kingsbury, John K.	Indianapolis	Marion
Kinnaman, Howard A.	Crawfordsville	Montgomery
Kinneman, Robert E.	Greenfield	Hancock
Kinser, George H.	Terre Haute	Vigo
Kintner, Burton E.	Elkhart	Elkhart
Kinzel, Robert J. W.	Indianapolis	Marion
Kirby, Ted C.	Greenfield	Hancock
Kirkhoff, Paul J.	Indianapolis	Marion
Kirklin, Oren L.	Indianapolis	Marion
Kirshman, Forrest E.	Muncie	Delaware- Blackford
Kirtley, James M.	Crawfordsville	Montgomery
Kirtley, William R.	Indianapolis	Marion
Kiser, Edgar F. (S)	Indianapolis	Marion
Kissinger, Knight L.	Angola	Steuben
Kistler, James J.	La Porte	La Porte
Kistner, Arthur W.	Elkhart	Elkhart
Kitterman, Harry E.	Indianapolis	Marion
Klahr, Ellsworth	South Bend	St. Joseph
Klain, Benjamin V.	Indianapolis	Marion
Klamer, Charles H.	Jasper	Dubois
Klaus, Julius M.	Indianapolis	Marion
Kleifgen, William A.	Fort Wayne	Allen
Kleindorfer, Roscoe L.	Evansville	Vanderburgh
Kleinman, Francis J.	Hebron	Porter
Klepfer, Jefferson	Richmond	Wayne-Union
Klenger, Harry E.	Lafayette	Tippecanoe
Kling, Victor F.	Michigan City	La Porte
Klingler, Maurice O.	Plymouth	Marshall
Klos, Stanley J.	Hobart	Lake

Name	City	County
Knapp, Arthur L. (S)	South Bend	St. Joseph
Kneidel, John H.	Frankfort	Clinton
Knepple, La Marr R. (S)	Kokomo	Howard
Knight, Lewis W.	Fort Wayne	Allen
Knode, Kenneth T.	South Bend	St. Joseph
Knowles, Charles Y.	Indianapolis	Marion
Knowles, Robert P.	Indianapolis	Marion
Knox, Robert L.	Indianapolis	Marion
Ko, Richard	Gaston	Delaware- Blackford
Kobrin, Meyer W.	Gary	Lake
Koch, Elmer L.	Danville	Hendricks
Koch, Howard W.	Winchester	Randolph
Koehler, Elmer G.	Elkhart	Elkhart
Kohlstaedt, Karl C.	Indianapolis	Marion
Kohlstaedt, Kenneth G.	Indianapolis	Marion
Kohne, Gerald J.	Decatur	Adams
Kohne, Robert W.	Lafayette	Tippecanoe
Kolanko, Leon A.	Hammond	Lake
Kolettis, George J.	Gary	Lake
Kolettis, John G.	Gary	Lake
Komoroske, John E.	East Chicago	Lake
Kooiker, John E.	Indianapolis	Marion
Koons, Karl M.	Indianapolis	Marion
Koontz, William A.	Gas City	Grant
Kopanko, Bernard F.	Clarksburg, W. Va.	Lake
Kopcha, Joseph E.	Gary	Lake
Kopecky, Robert R.	Indianapolis	Marion
Kopp, Otis A.	Anderson	Madison
Koransky, David S.	Hammond	Lake
Korn, Jerome M.	Gary	Lake
Kornafel, L. H.	Indianapolis	Marion
Koss, K. William	Muncie	Delaware- Blackford
Kottke, Bruce A.	Pine Island, Minn.	Marion
Krabill, Willard S.	Viet Nam	St. Joseph
Kraft, Bennett	Indianapolis	Marion
Kraft, Haldon C.	Noblesville	Hamilton
Kramer, Albert A. (S)	South Bend	St. Joseph
Kraning, Kenneth K.	Kewanna	Fulton
Kreidl, Dorothy R.	Richmond	Wayne-Union
Kremers, George A.	Kokomo	Howard
Krieble, William W.	Terre Haute	Vigo
Kriel, William B.	Indianapolis	Marion
Krsek, Archie J.	Knox	Starke
Krueger, Frederick W. (S)	Richmond	Wayne-Union
Krueger, John E.	Fort Wayne	Allen
Krueger, John E.	South Bend	St. Joseph
Krueger, Robert B.	Columbus	Bartholomew- Brown
Kruse, Edward H.	Fort Wayne	Allen
Kruse, Walter E.	Fort Wayne	Allen
Kubik, Francis J.	Michigan City	La Porte
Kubley, James D.	Plymouth	Marshall
Kudele, Louis T.	Whiting	Lake
Kuder, Howard V.	Indianapolis	Marion
Kuhn, Arthur J.	Hammond	Lake
Kuhn, Frederick L.	South Bend	St. Joseph
Kuhn, Hedwig S.	Hammond	Lake
Kuhn, Hugh A.	Hammond	Lake
Kuhn, Robert W.	Wilkinson	Hancock
Kunkler, Arnold W.	Terre Haute	Vigo
Kunkler, Joseph (S)	Terre Haute	Vigo
Kunkler, William C.	Indianapolis	Marion
Kuntz, Herman W.	Indianapolis	Marion
Kurtz, Fred B. (S)	Indianapolis	Marion
Kurtz, Philip L.	Indianapolis	Marion
Kurtz, William A.	Tipton	Tipton
Kwitny, Isadore J.	Indianapolis	Marion

## L

LaBier, C. Russell	Terre Haute	Vigo
LaBier, Clarence R. (S)	Terre Haute	Vigo
Ladig, Donald S.	Fort Wayne	Allen
LaDine, Clarence B.	Indianapolis	Marion



Name	City	County	Name	City	County
LaDuron, Jules F.	Muncie	Delaware-Blackford	Levering, Guy P. (S)	Lafayette	Tippecanoe
LaFollette, Donald	New Albany	Floyd	Levi, Leon	Indianapolis	Marion
LaFollette, Forrest R.	Hammond	Lake	Levin, Eli	East Chicago	Lake
LaFollette, Robert E.	New Albany	Floyd	Levin, Ralph T.	Indianapolis	Marion
Lahr, Richard E.	Marion	Grant	Levkoff, Abner H.	South Bend	St. Joseph
Laird, Leslie A.	Richmond	Wayne-Union	Lewis, George N.	Gary	Lake
Lamb, Emmett B.	Indianapolis	Marion	Lewis, James F.	Liberty	Wayne-Union
Lamb, J. Leonard	South Bend	St. Joseph	Lewis, Robert J.	Lawrence	Marion
Lamb, Russell W.	Indianapolis	Marion	Libbert, Edwin L.	Indianapolis	Marion
Lamber, Chet K.	Indianapolis	Marion	Libbert, Edwin L., Jr.	Indianapolis	Marion
Lambert, Ross W.	Indianapolis	Marion	Lichtenberg, Melvin	Indianapolis	Marion
Lamey, James L.	Anderson	Madison	Lidikay, Edward C.	Indianapolis	Marion
Lamey, Paul T.	Anderson	Madison	Life, Homer L.	New Castle	Henry
Lampe, Elfred H.	Fort Wayne	Allen	Lind, Jaap J.	Mulberry	Clinton
Lancet, Robert O.	Terre Haute	Vigo	Lindenborg, Paul G.	Indianapolis	Marion
Land, Francis L.	Fort Wayne	Allen	Lindsay, Hamlin B.	Washington	Daviess-Martin
Landis, Charles	Indianapolis	Marion	Lindsey, Sherman B.	Evansville	Vanderburgh
Landwehr, Alfons	Indianapolis	Marion	Line, Homer E. (S)	Chili	Miami
Lane, William H.	South Bend	St. Joseph	Ling, John F.	Richmond	Wayne-Union
Lang, Joseph E.	South Bend	St. Joseph	Lingeman, Byron N.	Crawfordsville	Montgomery
Larrabee, Wm. H. (S)	Indianapolis	Marion	Lingeman, Raleigh E.	Indianapolis	Marion
Langohr, John	Columbia City	Whitley	Lingeman, Roger E.	Indianapolis	Marion
Langsdon, Fred R.	Gaston	Delaware-Blackford	Link, Goethe (S)	Indianapolis	Marion
Lanning, R. Adrian	Noblesville	Hamilton	Link, William C.	Bloomington	Owen-Monroe
Lansford, John	Redkey	Jay	Linton, Charles D.	Walkerton	St. Joseph
Laramore, Ward	Indianapolis	Marion	Lionberger, John R.	South Bend	St. Joseph
Larkin, Bernard J.	Indianapolis	Marion	Lippoldt, Charles L.	Oldenburg	Ripley
Larmore, Joseph L.	Anderson	Madison	Liss, Emanuel C.	South Bend	St. Joseph
Larmore, Sarah H.	Anderson	Madison	Little, John W. (S)	Indianapolis	Marion
Larrabee, James F.	Hammond	Lake	Little, Robert C.	Evansville	Vanderburgh
Larrabee, Wm. H. (S)	New Palestine	Hancock	Little, William J.	Indianapolis	Marion
Larson, Goyt O.	La Porte	La Porte	Littlefield, Paul A.	Indianapolis	Marion
Larson, John A.	Nashville, Tenn.	Tippecanoe	Littlefield, Shirley	Indianapolis	Marion
LaSalle, Robert M.	Wabash	Wabash	Litzenberger, Sam W.	Anderson	Madison
Laubscher, Clarence	Evansville	Vanderburgh	Lloyd, Claude A.	Washington	Daviess-Martin
Laudeman, Walter A.	Elwood	Madison	Lloyd, Frank P.	Indianapolis	Marion
Lauer, Dorothy B.	Dana	Parke-Vermillion	Lloyd, Joe R.	Noblesville	Hamilton
Lautz, Herbert A.	Hammond	Lake	Lloyd, Robert P.	Fort Wayne	Allen
Lavengood, Russell W.	Marion	Grant	Lochry, Ralph L.	Indianapolis	Marion
Lawler, George F.	Indianapolis	Marion	Lockhart, Jack M.	Connersville	Fayette-Franklin
Lawrence, Joseph C.	Evansville	Vanderburgh	Lockhart, Philip R.	South Bend	St. Joseph
Laws, Kenneth F.	Lafayette	Tippecanoe	Loehr, William M.	Indianapolis	Marion
Lawson, Isaac H.	Kendallville	Noble	Loewenstein, Werner L.	Terre Haute	Vigo
Lazo, Vicente R.	New York, N. Y.	Lake	Logan, Austin R. (S)	Petersburg	Pike
Leahy, Howard J.	Pendleton	Madison	Logan, James Z.	Richmond	Wayne-Union
Leasure, J. Kent	Indianapolis	Marion	Logan, Jesse R.	Evansville	Vanderburgh
Leasure, Kenneth	Elkhart	Elkhart	Logan, Richard S.	Elkhart	Elkhart
Leatherman, Harter L.	Indianapolis	Marion	Lohman, Robert M.	Fort Wayne	Allen
Lebioda, Henry S.	Gary	Lake	Lohoff, Lewis C.	Tell City	Perry
Lee, Glen Ward	Richmond	Wayne-Union	Loh, Hwei Ya (Chang)	Gary	Lake
Lee, James	Terre Haute	Vigo	Loh, Wei-Ping	Gary	Lake
Leff, Abe	Indianapolis	Marion	Long, Keith	Hammond	Lake
Leffel, James M.	Indianapolis	Marion	Long, Max R.	Marion	Grant
Leffler, William T.	Indianapolis	Marion	Long, Paul L.	Anderson	Madison
Lehman, Harold	Charlestown	Clark	Long, William H. (S)	Indianapolis	Marion
Lehman, Kenneth M.	Topeka	LaGrange	Lonngren, Dudley H.	Marion	Grant
Lehmberg, Otto F. C.	Columbia City	Whitley	Loomis, Charles H.	Richmond	Wayne-Union
Leibundguth, Henry	Evansville	Vanderburgh	Loomis, Norman S.	Indianapolis	Marion
Leich, Charles F.	Evansville	Vanderburgh	Loop, Floyd A. (S)	Lafayette	Tippecanoe
Lein, John	Indianapolis	Marion	Loop, Frederick A.	Lafayette	Tippecanoe
Leinbach, Earl	Hamlet	Starke	Lord, Glen C.	Indianapolis	Marion
LeMaster, Theodore R.	Indianapolis	Marion	Lorenty, Thaddeus B.	Gary	Lake
Leming, Ben L.	Fort Wayne	Allen	Lorman, James G.	Fort Wayne	Allen
Lemon, Herbert K. (S)	Camden	Carroll	Louden, Robert W.	Indianapolis	Marion
Lenk, George G.	Fort Wayne	Allen	Loudermilk, Jack L.	Fort Wayne	Allen
Lenox, Jack	Lebanon	Boone	Love, George N.	Indianapolis	Marion
Leonard, Henry S. (S)	Indianapolis	Marion	Love, V. Logan	Marion	Grant
Leroy, Alvin G.	Alexandria	Madison	Lovell, Martin H.	Gary	Lake
Leser, Ralph U.	Indianapolis	Marion	Lovett, Harvey D.	Whitestown	Boone
Lett, Emory B.	Loogootee	Daviess-Martin	Loving, Jury B.	New Goshen	Vigo
Levantin, Bernard I.	South Bend	St. Joseph	Lowrey, George E.	New Castle	Henry
			Lozow, David	Indianapolis	Marion
			Lucas, Clarence A., Jr.	Indianapolis	Marion
			Luckett, Coen L.	Terre Haute	Vigo



Name	City	County
Luckey, Harold A.	Wolf Lake	Noble
Luckey, Robert C.	Wolf Lake	Noble
Ludwig, Oscar D. (S)	Indianapolis	Marion
Luginbill, Howard M.	Berne	Adams
Lukemeyer, George T.	Indianapolis	Marion
Lukemeyer, St. John	Jasper	Dubois
Lukenbill, Emery D.	Indianapolis	Marion
Lundblad, Wilfred M.	Bloomington	Owen-Monroe
Lundeberg, Ralph A.	Griffith	Lake
Lundt, Milo O.	Elkhart	Elkhart
Lurie, Paul R.	Indianapolis	Marion
Luros, J. Theodore	Indianapolis	Marion
Lutz, Georgianna	Gary	Lake
Luzadder, John E.	New Carlisle	St. Joseph
Lybrook, William B.	Indianapolis	Marion
Lynch, Harold D.	Evansville	Vanderburgh
Lynch, Otis R.	Marengo	Harrison-Crawford

Lynn, Frank M. (S)	Peru	Miami
Lyon, Florence M.	Portland	Jay
Lyon, William C.	Fort Wayne	Allen
Lyons, L. Mason	Terre Haute	Vigo
Lyons, Robert E.	Bloomington	Owen-Monroe

## M

MacCollum, M. Speers	Luke AFB, Ariz.	Marion
MacDonald, John A. (S)	Interlaken, N. Y.	Marion
MacDougall, John D.	Indianapolis	Marion
MacKenzie, Pierce	Evansville	Vanderburgh
MacLeod, Donald F.	West Lafayette	Tippecanoe

MacNamee, D. Hugh	Marion	Grant
Macer, Clarence G.	Evansville	Vanderburgh
Machledt, John H.	Whiteland	Johnson
Mackel, Frederick O.	Fort Wayne	Allen
Mackey, Harry S.	Indianapolis	Marion
Mackey, John E.	Indianapolis	Marion
Macy, George W.	Columbus	Bartholomew-Brown

Madden, Robert J.	Indianapolis	Marion
Mader, John H.	Richmond	Wayne-Union
Madston, A. Ricks	Indianapolis	Marion
Magennis, Herbert L.	Indianapolis	Marion
Magid, Bernard	Indianapolis	Marion
Mahaffey, John E.	Indianapolis	Marion
Mahaffy, John H.	Stockbridge, Mass.	Vanderburgh

Mahank, Camiel C.	Mishawaka	St. Joseph
Mahoney, Charles L.	Terre Haute	Vigo
Majsterek, Stanley L.	Gary	Lake
Makovsky, Theodore	Valparaiso	Porter
Malcolm, Russell	Richmond	Wayne-Union
Malone, Leander A.	Terre Haute	Vigo
Malott, Fred R.	Converse	Miami
Malouf, Stephen D.	Peru	Miami
Manalan, Maurice M.	Indianapolis	Marion
Manders, Karl L.	Indianapolis	Marion
Mangan, Frank P.	Gary	Lake
Maniaci, George	Indianapolis	Marion
Manifold, Harold M.	Fortville	Hancock
Manion, Marlow W.	Indianapolis	Marion
Mann, Mortimer	Indianapolis	Marion
Manning, George	Fort Wayne	Allen
Manning, K. Randolph	Indianapolis	Marion
Mansueto, Mario D.	Hammond	Lake
Manzie, Michael W.	Indianapolis	Marion
Maple, James B. (S)	Sullivan	Sullivan
Marchand, Edwin V.	Haubstadt	Gibson
Marchant, Clarence H.	Bloomington	Owen-Monroe
Marcus, Emanuel	Hammond	Lake
Marcus, Morris C.	Palm Harbor, Fla.	Lake

Maris, Lee J.	Attica	Fountain-Warren
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Markel, Ivan J.	Elkhart	Elkhart
Markey, Richard J. P.	Highland	Lake

Name	City	County
Markle, Joseph G.	Hobart	Lake
Marks, Howard H.	Huntington	Huntington
Marks, Maurice I.	Indianapolis	Marion
Marks, Ora L.	East Chicago	Lake
Marks, Salvo P.	Hammond	Lake
Marr, Griffith	Columbus	Bartholomew-Brown

Marsh, Carl M.	Indianapolis	Marion
Marsh, Chester A.	Hagerstown	Wayne-Union
Marsh, George W.	Lafayette	Tippecanoe
Marshall, Albert L., Jr.	Indianapolis	Marion
Marshall, Caesar L.	Fort Wayne	Allen
Marshall, Cavins R.	Indianapolis	Marion
Marshall, George L. (S)	Bourbon	Marshall
Marshall, Lloyd C.	Mt. Summit	Henry
Marshall, Millard R.	Gary	Lake
Marshall, Thomas R.	Indianapolis	Marion
Marske, Robert L.	Michigan City	La Porte
Martin, Charles F.	Mishawaka	St. Joseph
Martin, Floyd S.	Goshen	Elkhart
Martin, Guy	Seymour	Jackson
Martin, Hugh E.	Indianapolis	Marion
Martin, Loren H.	Indianapolis	Marion
Martin, Paul H.	Elkhart	Elkhart
Martin, Samuel W.	Beckley, W. Va.	Harrison-Crawford

Martin, William B.	La Porte	La Porte
Martz, Bill L.	Indianapolis	Marion
Martz, Carl D.	Indianapolis	Marion
Marvel, Howard R.	Lafayette	Tippecanoe
Marvel, Robert J.	Indianapolis	Marion
Maschmeyer, Robert H.	Logansport	Cass
Mason, Bernard A.	South Bend	St. Joseph
Mason, Donald G.	Angola	Steuben
Mason, Everett E.	Evansville	Vanderburgh
Mason, Lester M.	Terre Haute	Vigo
Mason, Richard L.	Hammond	Lake
Massanari, Walter	Millersburg	Elkhart
Masters, John M.	Indianapolis	Marion
Masters, Robert J.	Indianapolis	Marion
Mather, Charles R.	Lafayette	Tippecanoe
Mather, J. Winford	East Gary	Lake
Mather, Robert L.	Frankfort	Clinton
Matheus, Charles	Union City	Randolph
Mathews, James R.	Evansville	Vanderburgh
Mathewson, Russell C.	Muncie	Delaware-Blackford

Mathys, Alfred (S)	Mauckport	Harrison-Crawford
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Matthew, John R.	North Judson	Starke
Matthew, W. Burleigh	Indianapolis	Marion
Matthews, Bernard J.	Indianapolis	Marion
Matthews, Charles B. (S)	Hammond	Lake
Matthews, Dennis W. (S)	North Vernon	Jennings
Matthews, William M.	Indianapolis	Marion
Mattmiller, Everett D.	Avilla	Noble
Mattox, Don M.	Terre Haute	Vigo
Maurer, J. Frank	Brazil	Clay
Maurer, Robert M.	Brazil	Clay
Maxam, B. T.	Indianapolis	Marion
Maxson, Roy V.	Anderson	Madison
May, George A.	Madison	Jefferson-Switzerland

May, Richard M.	Gary	Lake
Mayes, Warren E.	Fort Wayne	Allen
Mayfield, Clifford H. (S)	Reynolds	White
McAdams, Hugh B.	Lafayette	Tippecanoe
McAdams, Robert	Lafayette	Tippecanoe
McArdle, Edward G.	Fort Wayne	Allen
McAree, Francis E.	Indianapolis	Marion
McArt, Bruce A.	Elkhart	Elkhart
McAtee, Ott B.	Madison	Jefferson-Switzerland

McBride, James S.	Indianapolis	Marion
McBride, Noel S.	Terre Haute	Vigo
McCabe, James E. (S)	Otterbein	Benton
McCallister, John W.	Fort Wayne	Allen
McCallum, Joseph T. C.	Indianapolis	Marion



Name	City	County	Name	City	County
McCarthy, Jeremiah A.	Whiting	Lake	McLean, James S.	Maywood, Ill.	Lake
McCartney, Donald H.	Indianapolis	Marion	McLelland, Mary R.	Bloomington	Owen-Monroe
McCarty, Virgil	Princeton	Gibson	McMahan, Virgil C.	Vincennes	Knox
McCaskey, Carl H. (S)	Indianapolis	Marion	McMath, Samuel B.	Gary	Lake
McClain, Edwin S.	Indianapolis	Marion	McMichael, Frank J.	Hernando, Fla.	Lake
McClain, Marvin L.	Scottsburg	Scott	McMillan, Frederick G.	Indianapolis	Marion
McClelland, Donald C.	Lafayette	Tippecanoe	(S)		
McClelland, Harry N.	Alexandria	Madison	McNabb, George B.	Carthage	Rush
McClintock, James A.	Muncie	Delaware- Blackford	McNabb, Richard C.	Knightstown	Henry
			McNaughton, Lawrence M.	Washington	Daviess- Martin
McClure, Clark	Knox	Starke	McNeely, Matthew J.	Dillsboro	Dearborn-Ohio
McClure, Stanley E.	Monon	White	McNichols, Edwin F.	Greencastle	Putnam
McClure, Warren N.	Kokomo	Howard	McQuiston, Ralph J.	Indianapolis	Marion
McConnell, William C.	Sunman	Ripley	McReynolds, C. Reese	Madison	Jefferson- Switzerland
McCool, Joseph H.	Evansville	Vanderburgh			
McCord, Carl B.	Veedersburg	Fountain- Warren	McTurnan, Robert W.	Indianapolis	Marion
			McVey, Clarence A.	Hammond	Lake
McCormack, Lloyd L.	Fremont	Steuben	McWilliams, William B.	Liberty	Wayne-Union
McCormick, Charles O.,	Indianapolis	Marion	Mead, Clarence H. (S)	Bluffton	Wells
McCormick, Charles O.,	Indianapolis	Marion	Mead, Frank E.	La Porte	La Porte
Jr.			Meade, Walter W.	Bicknell	Knox
McCormick, Hubert D.	Vincennes	Knox	Meaney, James J.	Indianapolis	Marion
McCormick, Wilbur C.	Brazil	Clay	Medcalf, Norman L.	Lamar	Spencer
McCoy, George E.	Muncie	Delaware- Blackford	Megenhardt, Dennis S.	Indianapolis	Marion
			Mehne, Richard G.	Brazil	Clay
McCoy, Melvin H.	Indianapolis	Marion	Meikle, Louise J.	W. Lafayette	Tippecanoe
McCoy, Roy R.	Fort Wayne	Allen	Meiks, Lyman T.	Indianapolis	Marion
McCraley, William J.	South Bend	St. Joseph	Meiner, Joseph A. (S)	Kokomo	Howard
McCrea, Fred R.	Terre Haute	Vigo	Meiser, Robert D.	Huntington	Huntington
McCullough, Henry G.	Columbus	Bartholomew- Brown	Meister, Doris (S)	Anderson	Madison
			Melin, John R.	Indianapolis	Marion
McCullough, James Y.	New Albany	Floyd	Melloh, Ardis F.	Indianapolis	Marion
McDaniel, Franklin P.			Mendelson, Stanley M.	Kokomo	Howard
(S)			Mendenhall, Clarence D.	Indianapolis	Marion
McDevitt, Daniel R.	Indianapolis	Marion	Mendenhall, Edgar	Fort Wayne	Allen
McDonald, Frank C.	New Castle	Henry	Mendez, Carlos	Elkhart	Elkhart
McDonald, Joseph D.	Evansville	Vanderburgh	Mensch, James R.	Fort Wayne	Allen
McDonald, Ralph M.	South Bend	St. Joseph	Mentendiek, Maurice H.	Indianapolis	Marion
McDonald, Vergil G.	Anderson	Madison	Mercer, Samuel R.	Fort Wayne	Allen
McDougal, Robert A.	Akron, Ohio	Marion	Meredith, Elwood J.	Richmond	Wayne-Union
McDowell, Fletcher W.	Muncie	Delaware- Blackford	Mericle, Earl W.	Indianapolis	Marion
			Merrell, Basil M.	Rockville	Parke- Vermillion
McDowell, George A.	Fort Wayne	Allen			
McDowell, Mordecai M.	Vincennes	Knox	Merrell, Paul	Indianapolis	Marion
McEachern, Cecil G.	Fort Wayne	Allen	Mershon, Jack B.	Indianapolis	Marion
McElroy, James S.	New Castle	Henry	Mertz, Henry O.	Indianapolis	Marion
McElroy, Robert S.	Princeton	Gibson	Mertz, John H. O.	Indianapolis	Marion
McEwen, James W.	Terre Haute	Vigo	Messer, Frank W.	Kendallville	Noble
McFadden, James M.	Lafayette	Tippecanoe	Metcalfe, Grant E.	South Bend	St. Joseph
McFall, J. R. S.	Fort Wayne	Allen	Meyer, Hans	Butlerville	Jennings
McFarland, Corley B.	South Bend	St. Joseph	Meyer, Herman A.	Fort Wayne	Allen
McGilvray, Eva R. T.	Rockville	Parke- Vermillion	Meyer, Milo G.	Michigan City	La Porte
			Meyer, Orlando L.	Bedford	Lawrence
McGrath, Michael F.	Indianapolis	Marion	Meyer, Theodore O.	Fort Wayne	Allen
McGue, Frank J.	Gary	Lake	Meyn, Werner P.	Terre Haute	Vigo
McGuff, Paul E.	Indianapolis	Marion	Michaelis, Stephen C.	Fort Wayne	Allen
McGuire, Desmond F.	East Chicago	Lake	Michaels, Joseph F. (S)	Edinburg	Johnson
McIlroy, Richard J.	Richmond	Wayne-Union	Middleton, Harvey N.	Indianapolis	Marion
McIlwain, Eleanor E.	Warren	Huntington	Middleton, Ramona J.	Elkhart	Elkhart
McIlwain, Robert E.	Warren	Huntington	Middleton, Thomas O.	Bloomington	Owen-Monroe
McIndoo, Ralph E.	Kokomo	Howard	Mikam, V. Robert	Logansport	Cass
McIntire, Clarence R.	Bloomington	Owen-Monroe	Mikesch, William H. (S)	South Bend	St. Joseph
McIntosh, Wilbert	Riley	Vigo	Miklozek, John E.	Terre Haute	Vigo
McIntyre, Charles J. (S)	Indianapolis	Marion	Milan, Joseph F.	Indianapolis	Marion
McIntyre, James M.	Indianapolis	Marion	Millar, Glenn C.	Indianapolis	Marion
McKee, Harry G.	Rushville	Rush	Miller, Charles L.	Indianapolis	Marion
McKee, Roy G.	New Castle	Henry	Miller, Dan T.	Fowler	Benton
McKeeman, Donald H.	Fort Wayne	Allen	Miller, Donald C.	Cedar Lake	Lake
McKeeman, Leland S.	Fort Wayne	Allen	Miller, Donald G.	Middlebury	Elkhart
McKenna, Henry J.	South Bend	St. Joseph	Miller, Edward D.	Fort Wayne	Allen
McKinley, Joseph	Lafayette	Tippecanoe	Miller, Frank H.	Indianapolis	Marion
McKinney, Daniel H.	Lafayette	Tippecanoe	Miller, Galen R.	Elkhart	Elkhart
McKittrick, Jack	Washington	Daviess- Martin	Miller, H. Allison	Marion	Grant
			Miller, H. Paul	Fort Wayne	Allen
McLaughlin, Calvin P.	Pendleton	Madison	Miller, Harold E.	Seymour	Jackson
McLaughlin, Gordon C.	Terre Haute	Vigo	Miller, Henderson L.	West Baden	Orange
McLaughlin, James R.	Flora	Carroll	(S)	Springs	



Name	City	County	Name	City	County
Miller, Hugh A.	Elkhart	Elkhart	Moore, Jack C.	Muncie	Delaware-Blackford
Miller, J. Don (S)	Indianapolis	Marion	Moore, John M.	Muncie	Delaware-Blackford
Miller, James C.	Greensburg	Decatur	Moore, Martha	Madison	Jefferson-Switzerland
Miller, John D.	Indianapolis	Marion	Moore, Richard B.	Indianapolis	Marion
Miller, John M.	Bloomington	Owen-Monroe	Moore, Robert G.	Vincennes	Knox
Miller, Joseph A.	Oaklandon	Marion	Moore, Thomas C.	Muncie	Delaware-Blackford
Miller, LaVerne B.	Evansville	Vanderburgh	Moore, Will C.	Muncie	Delaware-Blackford
Miller, Mahlon F.	Fort Wayne	Allen	Moosey, Louis	Union Mills	La Porte
Miller, Milton	Evansville	Vanderburgh	Moran, Mark M.	Portland	Jay
Miller, Milo K.	South Bend	St. Joseph	Moran, Noel D.	Versailles	Ripley
Miller, Minor	Evansville	Vanderburgh	Moravec, Arthur E.	Fort Wayne	Allen
Miller, Orval J.	Fort Wayne	Allen	Morchan, Samuel	Indianapolis	Marion
Miller, Raleigh S.	Indianapolis	Marion	Morgan, Margaret E.	Indianapolis	Marion
Miller, Ray D.	Martinsville	Morgan	Morgan, Snead W.	Indianapolis	Marion
Miller, Richard C.	Shelbyville	Shelby	Mori, Victor M.	Indianapolis	Marion
Miller, Richard H.	Fort Wayne	Allen	Moriarty, John R.	Indianapolis	Marion
Miller, Robert B.	Fort Wayne	Allen	Morrical, Russell J.	Logansport	Cass
Miller, Robert J.	Evansville	Vanderburgh	Morris, Hyman	Gary	Lake
Miller, Roland E.	Lafayette	Tippecanoe	Morris, Jean W.	Muncie	Delaware-Blackford
Miller, Roscoe E.	Indianapolis	Marion	Morris, Robert A.	Anderson	Madison
Miller, Samuel T.	Elkhart	Elkhart	Morris, Warren V.	Monticello	White
Miller, Virgil C.	Akron	Fulton	Morrison, George C.	Portland	Jay
Miller, Wallace E.	Indianapolis	Marion	Morrison, John S. (S)	Lafayette	Tippecanoe
Miller, William A.	Hagerstown	Wayne-Union	Morrison, James T.	Greensburg	Decatur
Miller, William J.	Fort Wayne	Allen	Morrison, Lindsey (S)	Hammond	Lake
Milleson, Ann L. M.	Terre Haute	Vigo	Morrison, Lewis E.	Indianapolis	Marion
Millis, Arthur B.	Richmond	Wayne-Union	Morrison, William R.	Kokomo	Howard
Mills, Fred E.	Evansville	Vanderburgh	Morrow, Robert E.	Indianapolis	Marion
Mills, John F.	Wabash	Wabash	Morrow, Robert J.	Bedford	Lawrence
Milne, Walter S.	Michigan City	La Porte	Mortenson, Leland J.	Fort Wayne	Allen
Milos, Robert J.	Gary	Lake	Morton, Joseph L.	Indianapolis	Marion
Milroy, Robert A.	Valparaiso	Porter	Morton, Walter P.	Indianapolis	Marion
Minczewski, Richard C.	Gary	Lake	Moser, Elmer B. (S)	Windfall	Tipton
Minick, Linus J.	Churubusco	Whitley	Moser, Edward (S)	Woodburn	Allen
Mininger, Edward P.	Elkhart	Elkhart	Moser, Rollin H.	Indianapolis	Marion
Mino, Raymond W.	Evansville	Vanderburgh	Moses, George E.	Worthington	Greene
Mino, Robert A.	Evansville	Vanderburgh	Moses, Robert E.	Worthington	Greene
Mintz, Alfred M.	Hammond	Lake	Mosier, Jack M.	New Castle	Henry
Misch, William	Cedar Lake	Lake	Moss, Bobby L.	Indianapolis	Marion
Mishkin, Irving	Elkhart	Elkhart	Moss, Harlan B.	Iowa City, Ia.	Marion
Mishler, Joe B.	Pierceton	Kosciusko	Moss, Mavor J.	Yorktown	Delaware-Blackford
Mitchell, Edgar T. (S)	Romney	Tippecanoe	Moswin, Jack A.	Gary	Lake
Mitchell, Earl H.	Indianapolis	Marion	Mothersill, Mark H.	Indianapolis	Marion
Mitchell, Edward O.	Indianapolis	Marion	Mott, Cassell A.	South Bend	St. Joseph
Mitchell, George H.	Indianapolis	Marion	Moulton, Lillian G.	Indianapolis	Marion
Mitchell, George L.	Smithville	Owen-Monroe	Mount, Mathias S.	Bloomfield	Greene
Mitman, Floyd B.	Huntington	Huntington	Mountain, Francis B.	Connersville	Fayette-Franklin
Moats, Carl F.	Fort Wayne	Allen	Mouser, Robert W.	Indianapolis	Marion
Moats, George E.	Fort Wayne	Allen	Mudd, Joseph P.	Clarksville	Clark
Modisett, Jackson W.	Madison	Jefferson-Switzerland	Muelchi, Adeline F.	Evansville	Vanderburgh
Modisett, Marcella S.	Madison	Jefferson-Switzerland	Mullen, James B.	Indianapolis	Marion
Modjeski, Joseph R.	Hammond	Lake	Mueller, Hilbert M.	South Bend	St. Joseph
Modjeski, Raymond J.	Hammond	Lake	Mueller, Lawrence W.	Fort Wayne	Allen
Moehlenkamp, Chas. E.	Evansville	Vanderburgh	Mueller, Lillian B.	Indianapolis	Marion
Moeller, Victor C.	Fort Wayne	Allen	Muhleman, Charles E.	La Porte	La Porte
Moenning, Walter P.	Indianapolis	Marion	Muller, Lullus P.	Indianapolis	Marion
Mohler, Floyd W.	Columbus	Bartholomew-Brown	Muller, Paul F.	Indianapolis	Marion
Molengraft, Cornelius J.	Gary	Lake	Muller, Victor H.	Indianapolis	Marion
Molloy, William J. (S)	Muncie	Delaware-Blackford	Mumford, E. Bishop (S)	Indianapolis	Marion
Molt, Wm. F. (S)	Indianapolis	Marion	Muncie, Henry L. (S)	Cloverland	Clay
Monar, Michael	Rockport	Spencer	Munk, Cleorie E.	Kendallville	Noble
Monroe, F. Bruce	Gary	Lake	Murdock, Harvey L.	Fort Wayne	Allen
Montgomery, Lall G.	Muncie	Delaware-Blackford	Murphy, Eugene C.	South Bend	St. Joseph
Montgomery, Samuel B. (S)	Cynthiana	Posey	Murphy, Harold O.	Warsaw	Kosciusko
Montgomery, William F.	Indianapolis	Marion	Murphy, Harry E.	Franklin	Johnson
Moon, Charles E.	Center Point	Clay	Murphy, Joseph F.	Lansing, Ill.	Lake
Moore, Ben B.	Indianapolis	Marion	Murphy, Josephine	South Bend	St. Joseph
Moore, Donald F.	Indianapolis	Marion	Murphy, Maurice G.	Morgantown	Morgan
Moore, E. Gregory	Gary	Lake	Murray, Ernest C.	Kokomo	Howard
Moore, Edwin G.	Gary	Lake			
Moore, Harold T.	Indianapolis	Marion			



Name	City	County	Name	City	County
Murray, James S.	Beverly Hills, Calif.	Marion	Norris, Allen A. (S)	Elkhart	Elkhart
Murray, William E.	Madison	Jefferson-Switzerland	Norris, Ernest B.	Culver	Marshall
Musselman, Glen G.	Terre Haute	Vigo	Norris, Howard L.	Indianapolis	Marion
Myers, Charles W.	Indianapolis	Marion	Norris, Mary Alice	A.P.O. 175, New York	Marion
Myers, Roy V.	Indianapolis	Marion	Norris, Marvin G.	Rushville	Rush
			Norris, Max S.	Indianapolis	Marion
			Norton, Harold J.	Columbus	Bartholomew-Brown
N			Norton, Horace	Washington	Daviess-Martin
Nafe, Cleon A.	Indianapolis	Marion	Nourse, Myron H.	Indianapolis	Marion
Nagan, Robert F.	Indianapolis	Marion	Novy, Charles A.	Garrett	De Kalb
Napper, Floyd S.	Scottsburg	Scott	Nowack, Henry J.	Marion	Grant
Nash, Justin R.	Albion	Noble	Nugen, Harold	Auburn	De Kalb
Nason, Robert A.	Garrett	De Kalb	Nugent, Edwin J.	Indianapolis	Marion
Nassef, George	West Palm Beach, Fla.	St. Joseph	Nurnberger, John I.	Indianapolis	Marion
Navin, Hugh K.	Fortville	Hancock	Nutter, Wyndham H.	Rushville	Rush
Navarre, Vincent J.	Whiting	Lake			
Nay, Ernest O.	Terre Haute	Vigo	O		
Nay, Richard M.	Indianapolis	Marion	Oak, David D.	LaCrosse	La Porte
Neal, Leonard W.	Hammond	Lake	Oak, David D., Jr.	Hanna	La Porte
Neale, Alfred E.	Anderson	Madison	O'Brian, Earl J.	Indianapolis	Marion
Need, Louis T.	Indianapolis	Marion	O'Brian, John F.	Fort Wayne	Allen
Neely, Alonzo S. (S)	New Middletown	Harrison-Crawford	O'Brien, Francis E.	Rensselaer	Jasper-Newton
Neidballa, Edward G.	Bristol	Elkhart	O'Bryan, Richard B.	Columbus	Bartholomew-Brown
Neifert, Noel L.	Tell City	Perry	Ochsner, Harold C.	Indianapolis	Marion
Nelson, Audrey H.	Indianapolis	Marion	Ockerman, Kenneth R.	Rensselaer	Jasper-Newton
Nelson, Carl A.	West Lebanon	Fountain-Warren	O'Dell, Harry C.	Farmersburg	Sullivan
Nelson, F. Dale	South Bend	St. Joseph	Offutt, Andrew C.	Indianapolis	Marion
Nelson, Harold E.	Muncie	Delaware-Blackford	Olcott, Charles W.	Aurora	Dearborn-Ohio
Nelson, John W.	Indianapolis	Marion	Oldag, George E.	Elwood	Madison
Nelson, Paul L.	Anderson	Madison	Oliphant, Frank W.	Mount Vernon	Posey
Nelson, Raymond E.	South Bend	St. Joseph	Oliphant, Robert W.	Terre Haute	Vigo
Nelson, Walfred A.	Gary	Lake	Olson, John R.	Indianapolis	Marion
Nenneker, Henry (S)	Evansville	Vanderburgh	Olson, Kenneth L.	South Bend	St. Joseph
Nesbit, Leonard L.	Anderson	Madison	Olson, William H.	Michigan City	La Porte
Nester, Henry G.	Indianapolis	Marion	Olvey, Ottis N.	Indianapolis	Marion
Netherton, Clyde R.	Chalmers	White	O'Malley, Martha A.	Indianapolis	Marion
Neudorff, Louis G.	Terre Haute	Vigo	Omstead, Milton	Petersburg	Pike
Neukamp, Frank H.	Connersville	Fayette-Franklin	Omstead, Trevalyn W.	Huntington	Huntington
Neumann, Kenneth O.	Lafayette	Tippecanoe	O'Neill, Martin J.	Valparaiso	Porter
Newby, Eugene	Sheridan	Hamilton	Onyett, Harold R.	Greenwood	Johnson
Newcomb, William K.	Royal Center	Cass	Oppenheimer, Ernst	New York, N. Y.	Vanderburgh
Newland, Arthur E.	Bedford	Lawrence	Orders, Clarke E. (S)	Indianapolis	Marion
Newman, Alvin E.	Evansville	Vanderburgh	Ornelas, Joseph P.	Gary	Lake
Niccum, Warren L.	Columbia City	Whitley	O'Rourke, Carroll	Fort Wayne	Allen
Nicholas, Dennis	Indianapolis	Marion	Orr, W. Robert	Kansas City, Mo.	St. Joseph
Nichols, Anne Sackett	Greencastle	Putnam	Osborne, Harry S. (S)	Leesburg, Fla.	Marion
Nichols, Robert J.	Vincennes	Knox	Oster, Jack H.	Westville	La Porte
Nichols, Thomas H.	Evansville	Vanderburgh	Osterman, Louis H.	Seymour	Jackson
Nicholson, Ray W.	Leavenworth, Kansas	Marion	Oswald, Robert H.	Evansville	Vanderburgh
Nickel, Allen A. C.	Bluffton	Wells	Oswalt, James T.	Mitchell	Lawrence
Nicosia, John B.	East Chicago	Lake	Otten, Claude F.	Indianapolis	Marion
Nie, Grover M.	Huntington	Huntington	Otten, Ralph E.	Darlington	Montgomery
Nie, Louis W.	Indianapolis	Marion	Ottinger, Ross C.	Indianapolis	Marion
Niedermayer, Alfred J.	Evansville	Vanderburgh	Overpeck, Charles	Greensburg	Decatur
Nigh, Rufus M.	Fairland	Shelby	Overpeck, George H.	Alexandria	Madison
Nilges, Richard G.	Gary	Lake	Overshiner, Lyman	Columbus	Bartholomew-Brown
Nill, John H.	Fort Wayne	Allen	Owen, Abraham M.	Bloomington	Owen-Monroe
Nisenbaum, Harold	Evansville	Vanderburgh	Owen, John E.	Indianapolis	Marion
Nixon, Byron	Farmland	Randolph	Owen, Margaret A.	Bloomington	Owen-Monroe
Noble, Thomas B., Jr.	Indianapolis	Marion	Owens, Richard R.	Muncie	Delaware-Blackford
Nodinger, Louis	Hammond	Lake	Owens, Thomas R.	Muncie	Delaware-Blackford
Noe, William R.	Bedford	Lawrence	Owens, Tracy C.	Indianapolis	Marion
Nohl, John M.	Indianapolis	Marion	Owens, Walter L.	Whitesburg, Ky.	Owen-Monroe
Nolan, Gerald R.	Fort Wayne	Allen	Owsley, Guy A.	Hartford City	Delaware-Blackford
Nolin, Richard T.	Indianapolis	Marion	Oyer, John H.	Fort Wayne	Allen
Nolt, Ernest V.	Columbia City	Whitley			
Nolting, Henry F.	Indianapolis	Marion			
Nonte, Leo R.	Evansville	Vanderburgh			
Norman, William H.	Indianapolis	Marion			



Name	City	County	Name	City	County
<b>P</b>			Petitjean, Harold G.	Haubstadt	Gibson
Paas, Axel A.	Gary	Lake	Petranoff, Theodore V.	Indianapolis	Marion
Pace, Jerome V.	Rockville	Parke- Vermillion	Petrass, Andrew	South Bend	St. Joseph
Paff, William A.	Elkhart	Elkhart	Petrich, Peter R.	Attica	Fountain- Warren
Paine, George E.	Elkhart	Elkhart	Petry, T. Neal	Delphi	Carroll
Painter, Donald S.	Fort Wayne	Allen	Pettijohn, Fred L. (S)	Indianapolis	Marion
Painter, Lowell W.	Winchester	Randolph	Peyton, Frank W.	Lafayette	Tippecanoe
Palm, John M.	Brazil	Clay	Pfaff, Dudley A.	Indianapolis	Marion
Palmer, Charman F.	Indianapolis	Marion	Pfeifer, James M.	Lawrenceburg	Dearborn-Ohio
Palmer, Harley P.	Indianapolis	Marion	Pfuetze, Max	Logansport	Cass
Palmer, Robert M.	Indianapolis	Marion	Phares, Robert W.	Kokomo	Howard
Palmer, Robert W.	Indianapolis	Marion	Phelps, Stephen R.	South Bend	St. Joseph
Palmer, Russell H.	Gary	Lake	Philbert, Richard N.	Gary	Lake
Panares, Solomon V.	Hammond	Lake	Philbrook, Seth S.	La Porte	La Porte
Pancost, Vernon K.	Elkhart	Elkhart	Phillips, David L.	Indianapolis	Marion
Pandolfo, Harry	Indianapolis	Marion	Phillips, John F.	Bluffton	Wells
Paris, Durward W.	Kokomo	Howard	Phipps, Leland K.	Union City	Randolph
Paris, John M.	New Albany	Floyd	Piazza, Leonard F.	Michigan City	La Porte
Park, Byron J.	Indianapolis	Marion	Pickett, Paul	Clinton	Parke- Vermillion
Parker, Carey B.	Fort Wayne	Allen	Pickett, Merle E.	Fort Wayne	Allen
Parker, Carl B.	Wingate	Montgomery	Pickett, Robert D.	Indianapolis	Marion
Parker, George F., Jr.	Indianapolis	Marion	Pierce, Emmett, Jr.	Indianapolis	Marion
Parker, Harry C.	Hobart	Lake	Pierce, Gene S.	New Albany	Floyd
Parker, John F.	Indianapolis	Marion	Pierce, Harold J. (S)	Terre Haute	Vigo
Parker, Portia	Indianapolis	Marion	Pierce, William J.	Indianapolis	Marion
Parks, George	Hartford City	Delaware- Blackford	Pierson, Allen D.	Crawfords- ville	Montgomery
Parmenter, Harry B.	Sullivan	Sullivan	Pierson, Pearl H.	Silver Lake	Kosciusko
Parr, Robert L.	Indianapolis	Marion	Pierson, Robert H.	Crawfordsville	Montgomery
Parratt, Louis W.	Gary	Lake	Pierson, Thomas A.	New Palestine	Hancock
Parrish, Richard K.	Indianapolis	Marion	Pietz, David G.	Bluffton	Wells
Parrot, Donald J.	Fort Wayne	Allen	Pike, Warren H.	Hobart	Lake
Parshall, Dale B.	Elkhart	Elkhart	Pilcher, Jack E.	Indianapolis	Marion
Parsons, Robert L.	South Bend	St. Joseph	Pilecki, Peter J.	Michigan City	La Porte
Paskind, J.	Indianapolis	Marion	Pilot, Jean	Hammond	Lake
Passino, James	Richmond	Wayne-Union	Pinsky, Sheldon T.	Indianapolis	Marion
Pastor, Julius W.	Evansville	Vanderburgh	Pippenger, Wayne G.	Muncie	Delaware- Blackford
Patrick, Glenn B.	Elkhart	Elkhart	Pirkle, Hubert B.	Rockville	Parke- Vermillion
Patten, Vernon C. (S)	Morristown	Shelby	Pitkin, Edward M.	Martinsville	Morgan
Patterson, William K.	Anderson	Madison	Pitkin, McKendree C.	Martinsville	Morgan
Pattison, John D.	Marion	Grant	Pizzo, Anthony	Bloomington	Owen-Monroe
Patton, Martin T.	Indianapolis	Marion	Plain, George	South Bend	St. Joseph
Paul, Leonard G.	Michigan City	La Porte	Plank, C. Robert	Michigan City	La Porte
Paulissen, George T.	Indianapolis	Marion	Plasterer, Edward D.	Huntington	Huntington
Pauszek, Thomas B.	South Bend	St. Joseph	Ploetner, Edward J.	Jasper	Dubois
Payne, Arthur C.	East Chicago	Lake	Ploughe, Ralph R.	Elwood	Madison
Paynter, Morris B.	Southport	Marion	Polhemus, Warren C.	Anderson	Madison
Paynter, William	Pekin	Washington	Pollard, Walter S.	Evansville	Vanderburgh
Peacock, Norman F.	Crawfordsville	Montgomery	Pomeroy, Rex K.	Plymouth	Marshall
Peacock, Robert C.	Muncie	Delaware- Blackford	Ponczek, Edward	Fort Wayne	Allen
Pearce, Roy V.	Terre Haute	Vigo	Pontius, Edwin E.	Indianapolis	Marion
Pearlman, Samuel S. (S)	Lafayette	Tippecanoe	Poolitsan, George C.	Bloomington	Owen-Monroe
Pearson, Huey L.	Butlerville	Jennings	Popp, Milton F.	Fort Wayne	Allen
Pearson, John S.	Indianapolis	Marion	Popplewell, Arvine G.	Indianapolis	Marion
Pearson, Lyman R.	Indianapolis	Marion	Poracky, Bernard F.	Gary	Lake
Pearson, William E.	Wabash	Wabash	Porro, Francis W.	Evansville	Vanderburgh
Pebworth, Aubrey C. (S)	Indianapolis	Marion	Porter, Carl M.	Jasonville	Greene
Peck, Franklin B., Jr.	Indianapolis	Marion	Porter, Dale	Ann Arbor, Mich.	Marion
Peck, Franklin B.	Indianapolis	Marion	Porter, Edward A.	Westport	Decatur
Peck, James F.	Princeton	Gibson	Porter, George S.	Indianapolis	Marion
Peiffer, Geraldine M.	Boston, Mass.	Lake	Porter, Jack	Lebanon	Boone
Peirce, James D.	Indianapolis	Marion	Porter, Robert A.	Westport	Decatur
Pemberton, Jack J.	Evansville	Vanderburgh	Portteus, Walter L.	Franklin	Johnson
Penn, Robert A.	East Gary	Lake	Poston, Clement L.	Laurel	Fayette- Franklin
Pennington, Walter E.	Indianapolis	Marion	Potter, Brian	Chicago, Ill.	La Porte
Perlov, Sylvan H.	Indianapolis	Marion	Potter, Richard M.	Ridgeville	Randolph
Permer, Erwin	Indianapolis	Marion	Powell, J. Paxton	Marion	Grant
Perrin, Kermit F.	Fort Wayne	Allen	Powell, M. Jack	Fort Wayne	Allen
Perry, Frederic G.	Fort Wayne	Allen	Prather, Philip E.	Kokomo	Howard
Person, Theodore C.	Veedersburg	Fountain- Warren	Pratt, Ralph M., Jr.	Madison	Jefferson- Switzerland
Perucca, Leo G.	Indianapolis	Marion			
Peters, Elmer E.	Brookville	Fayette- Franklin			
Peterson, Deward D.	Indianapolis	Marion			
Peterson, Joel A.	Lafayette	Tippecanoe			



Name	City	County
Fredd, Adolph C.	La Porte	La Porte
Premuda, Franklin F.	Hammond	Lake
Prenatt, Francis	Madison	Jefferson-Switzerland
Prentiss, Nelson H.	Oteen, N. C.	Allen
Present, Julian	Evansville	Vanderburgh
Price, Ambrose M.	Marion	Grant
Price, Douglas W.	Nappanee	Elkhart
Price, Francis W.	Indianapolis	Marion
Price, James O.	Indianapolis	Marion
Price, Shirley G.	Evansville	Vanderburgh
Priebe, Fred H.	Hillsboro	Fountain-Warren
Proudfit, Charles H.	South Bend	St. Joseph
Province, Oran A.	Franklin	Johnson
Province, William D.	Franklin	Johnson
Pruitt, J. Edward	Gary	Lake
Pryor, Richard C.	Indianapolis	Marion
Pugh, Willis L.	Evansville	Vanderburgh
Pulskamp, Bertrand H.	Wolcottville	Noble
Purcell, Jack H.	Boonville	Warrick
Purcell, Richard J.	Griffith	Lake
Puterbaugh, Karl E.	Albany	Delaware-Blackford
Pyle, Harold D.	South Bend	St. Joseph

## Q

Quarles, E. Bryan	Bloomington	Owen-Monroe
Quick, William J.	Muncie	Delaware-Blackford
Quickel, Daniel S. (S)	Anderson	Madison
Quigley, Joseph B.	Indianapolis	Marion
Quilty, Thomas J.	Goshen	Elkhart

## R

Rabb, Harry S.	Indianapolis	Marion
Raber, Robert M.	Indianapolis	Marion
Rabson, S. Milton	Fort Wayne	Allen
Rader, George S.	Indianapolis	Marion
Radigan, Leo R.	Indianapolis	Marion
Rainey, Everett A. (S)	Lebanon	Boone
Ralston, John D.	Indianapolis	Marion
Ramage, Walter F.	Beech Grove	Marion
Ramey, John W.	Kokomo	Howard
Ramker, Daniel T.	Hammond	Lake
Ramsdell, Glen A.	Richmond	Wayne-Union
Ramsey, Frank B.	Indianapolis	Marion
Ramsey, Hugh S.	Bloomington	Owen-Monroe
Randall, Thomas A.	North Liberty	St. Joseph
Raney, Ben B.	Linton	Greene
Rang, Arthur A.	Washington	Daviess-Martin
Rang, Robert H.	Washington	Daviess-Martin
Rasch, George C., Jr.	Hammond	Lake
Rasmussen, Ruth F.	South Bend	St. Joseph
Ratcliff, Frank W.	Lafayette	Tippecanoe
Ratliffe, Albert W.	Evansville	Vanderburgh
Rathkey, Arthur S.	Muncie	Delaware-Blackford
Rauh, Robert A.	Wabash	Wabash
Rausch, Norman W.	Angola	Steuben
Ravdin, Bernard D.	Evansville	Vanderburgh
Rawles, Lyman T. (S)	Fort Wayne	Allen
Rawlins, Carolyn M.	Hammond	Lake
Ray, Herbert A. (S)	Fort Wayne	Allen
Raymundo, Vivencio F.	Attica	Fountain-Warren
Rebhun, Joseph	San Francisco, Calif.	Lake
Reck, John L. (S)	Sheridan	Hamilton
Records, Arthur W.	Franklin	Johnson
Read, John E.	A.P.O. 862, New York	Porter
Reed, Donald	Culver	Marshall
Reed, John	Hobart	Lake

Name	City	County
Reed, John D.	Frankfort	Clinton
Reed, Nelle C.	Michigan City	La Porte
Reed, Philip B.	Indianapolis	Marion
Reed, Robert C.	Terre Haute	Vigo
Reed, Robert F.	Mishawaka	St. Joseph
Reed, Robert G., Jr.	Plymouth	Marshall
Reed, Roger R.	Anderson	Madison
Reed, William C.	Bloomington	Owen-Monroe
Reeder, Henry H.	Jeffersonville	Clark
Rees, Russel C.	Indianapolis	Marion
Regan, George L.	Sellersburg	Clark
Reich, Clarence E.	Evansville	Vanderburgh
Reid, Charles A.	Indianapolis	Marion
Reid, Donald B.	Columbia City	Whitley
Reid, Robert H.	Indianapolis	Marion
Reid, Robert M.	Columbus	Bartholomew-Brown
Reid, Robert W.	Union City	Randolph
Reilly, Eva Ferro	Beech Grove	Marion
Reilly, James F.	Vincennes	Knox
Reilly, Richard W.	Crete, Ill.	Lake
Reisler, Simon	Indianapolis	Marion
Reitz, Thomas F.	Evansville	Vanderburgh
Remich, Antone C.	Hammond	Lake
Renbarger, Lester L.	Marion	Grant
Rendel, Donald T.	Hammond	Lake
Rendel, Harold E.	Mexico	Miami
Rettig, Arthur C.	Muncie	Delaware-Blackford
Reynolds, D. Monroe (S)	Garrett	De Kalb
Reynolds, James S.	Gary	Lake
Reynolds, Russell P.	Garrett	De Kalb
Reynolds, Richard J.	Terre Haute	Vigo
Rhamy, Arthur P.	Marion	Grant
Rhamy, Robert K.	Indianapolis	Marion
Rhea, Gilbert D.	Greencastle	Putnam
Rhea, James C.	Beech Grove	Marion
Rheinheimer, Floyd L.	Milford	Kosciusko
Rhind, Alexander W.	Hammond	Lake
Rhodes, Theodore D.	Indianapolis	Marion
Rhorer, Herbert M.	Kokomo	Howard
Rhorer, John G.	Marion	Grant
Rice, Frederic A.	Indianapolis	Marion
Rice, Raymond M.	Indianapolis	Marion
Rice, Reed P.	Indianapolis	Marion
Rice, Wilkie B. (S)	Fort Wayne	Allen
Rich, Norval	Decatur	Adams
Richard, Norman F.	Shelbyville	Shelby
Richards, David H. (S)	Vincennes	Knox
Richards, Edgar E.	Russellville	Putnam
Richardson, Charles L.	Rochester	Fulton
Richardson, Thad T.	Indianapolis	Marion
Richart, James V.	Terre Haute	Vigo
Richer, Orville H.	Warsaw	Kosciusko
Richter, Arthur B.	Indianapolis	Marion
Richter, John C.	La Porte	La Porte
Richter, Samuel	Gary	Lake
Ricketts, Joseph W.	Indianapolis	Marion
Ridgeway, Ora W. (S)	Indianapolis	Marion
Ridgway, Alton H.	Lapel	Madison
Ridlon, Albert M.	South Whitley	Whitley
Rieger, I. Taylor	Bloomington	Owen-Monroe
Rifner, Eugene S.	Van Buren	Grant
Rigg, John F.	Indianapolis	Marion
Riggs, Floyd C.	Terre Haute	Vigo
Rigley, Edward L.	South Bend	St. Joseph
Riley, Frank H. (S)	Jamestown	Boone
Rimel, James F.	Plymouth	Marshall
Ringham, Jarrett	Evansville	Vanderburgh
Rininger, Harold C.	Evansville	Vanderburgh
Rinne, John I.	Lapel	Madison
Ripley, John W.	Seymour	Jackson
Rissing, Walter J.	Fort Wayne	Allen
Ritchey, James O.	Indianapolis	Marion
Ritchie, William D.	Evansville	Vanderburgh
Ritteman, George W.	Columbus	Bartholomew-Brown



Name	City	County	Name	City	County
Ritter, Wayne L.	Indianapolis	Marion	Rotman, Harry G.	Jasonville	Greene
Ritz, Albert S.	Louisville, Ky.	Vanderburgh	Rotman, Sam I.	Jasonville	Greene
Rivers, Glynn A.	Muncie	Delaware- Blackford	Rouen, Robert	Elkhart	Elkhart
Robb, John A.	Indianapolis	Marion	Rousseau, John W.	Fort Wayne	Allen
Roberts, Thomas K.	Michigan City	La Porte	Row, D. Hamilton	Indianapolis	Marion
Robertson, Addis N.	New Albany	Floyd	Row, George S.	Osgood	Ripley
Robertson, David W. (S)	Deputy	Jefferson- Switzerland	Row, Perrie Q.	Hammond	Lake
Robertson, James S.	Plymouth	Marshall	Rowe, Howard H.	Rochester	Fulton
Robertson, Ray B.	Indianapolis	Marion	Royster, George M.	Evansville	Vanderburgh
Robertson, William C.	Chesterton	Porter	Royster, Robert A.	Evansville	Vanderburgh
Robertson, William S.	Spiceland	Henry	Rozelle, Clarence V.	Anderson	Madison
Robinson, Earle U.	Evansville	Vanderburgh	Rubens, Eli	South Bend	St. Joseph
Robinson, Frank C.	Arcadia, Calif.	Marion	Rubin, Gerald S.	Indianapolis	Marion
Robinson, H. Thomas	Muncie	Delaware- Blackford	Rubin, Milton M.	Terre Haute	Vigo
Robinson, Walter K.	Gary	Lake	Rubin, Simon S.	Gary	Lake
Robinson, William H.	Mitchell	Lawrence	Rubright, Robert L.	Hammond	Lake
Robison, John S.	Winchester	Randolph	Ruby, Fred McK. (S)	Wauwatosa, Wis.	Randolph
Roby, Alma L.	Jeffersonville	Clark	Ruddell, Karl R.	Indianapolis	Marion
Rockey, Noah A.	Fort Wayne	Allen	Ruddell, Keith R.	Indianapolis	Marion
Rodin, Herman H.	South Bend	St. Joseph	Rudesill, Cecil L.	Indianapolis	Marion
Rodriguez, Juan	Fort Wayne	Allen	Rudesill, Robert L.	Indianapolis	Marion
Roesch, Ryland	Warsaw	Kosciusko	Rudicel, Max	Kokomo	Howard
Rogers, Arthur R.	Newburgh	Warrick	Rudolph, Carl J.	South Bend	St. Joseph
Rogers, Donald L.	Indianapolis	Marion	Rudolph, Franklin G.	Hammond	Lake
Rogers, Evered E.	Auburn	De Kalb	Rudolph, Kenneth J.	Boonville	Warrick
Rogers, Otto F.	Bloomington	Owen-Monroe	Rudolph, Stephen J., Jr.	A.P.O. 10, New York, N. Y.	Marion
Rogers, Robert S.	Terre Haute	Vigo	Rudser, Donald H.	Whiting	Lake
Rogers, Thomas P.	San Diego, Calif.	Marion	Rudy, Donald B.	Larson AFB, Wash.	Wells
Roggenkamp, Milton W.	Indianapolis	Marion	Runge, Paul W.	Richmond	Wayne-Union
Rohn, Robert J.	Indianapolis	Marion	Ruoff, William	New Albany	Floyd
Rohr, Joseph H.	Michigan City	La Porte	Rupe, Lloyd O.	Elkhart	Elkhart
Rohrbacker, Donald M.	Williams AFB, Ariz.	Marion	Rupel, Ernest	Indianapolis	Marion
Rohrer, James R.	Elnora	Daviess- Martin	Rusche, Henry J.	Evansville	Vanderburgh
Roll, John W.	Indianapolis	Marion	Ruschli, Edward B.	Lafayette	Tippecanoe
Roller, Charles W. (S)	Indianapolis	Marion	Rusk, Hubert M.	Wallace	Fountain- Warren
Rollins, Thomas K.	Bloomington	Owen-Monroe	Russell, John R.	Indianapolis	Marion
Romberger, Floyd T., Jr.	Indianapolis	Marion	Russell, Richard H.	Evansville	Vanderburgh
Rommel, Clarence H.	W. Lafayette	Tippecanoe	Russo, Andrew E.	Gary	Lake
Roose, Lisle W.	Nappanee	Elkhart	Rust, Byron K.	Indianapolis	Marion
Ropp, Eldon R.	Oakland City	Gibson	Rust, Roland B.	Indianapolis	Marion
Ropp, Harold E.	New Harmony	Posey	Ruth, Martin L.	Indianapolis	Marion
Rosenak, Bernard D.	Indianapolis	Marion	Rutherford, Cyrus W. (S)	Indianapolis	Marion
Rosenbaum, David	Indianapolis	Marion	Rutherford, Charles E.	Otterbein	Benton
Rosenbaum, Irving, Jr.	Indianapolis	Marion	Ryan, Glen V.	Indianapolis	Marion
Rosenbaum, Lloyd E.	Anderson	Madison	Ryan, Hubert J.	Gary	Lake
Rosenblatt, Bernard B.	Evansville	Vanderburgh	Ryan, William J.	Columbus	Bartholomew- Brown
Rosenbloom, Philip J.	Gary	Lake			
Rosenheimer, George M.	South Bend	St. Joseph		<b>S</b>	
Rosenwasser, Jacob	Mishawaka	St. Joseph	Sage, Charles V.	Richmond	Wayne-Union
Roser, Arthur J.	Fort Wayne	Allen	Sage, Russell A.	Indianapolis	Marion
Rosevear, Henry J.	Hammond	Lake	Sahlman, Hans	Fort Wayne	Allen
Roshe, Joseph	Indianapolis	Marion	Saint, William K.	New Castle	Henry
Ross, Alexander T.	Indianapolis	Marion	Sala, Joseph J.	Gary	Lake
Ross, Ben R.	Bloomington	Owen-Monroe	Sala, Walter R.	Gary	Lake
Ross, Glenn E.	Washington	Daviess- Martin	Salb, John P.	Jasper	Dubois
Ross, Guy E.	Anderson	Madison	Salb, Leo A.	Jasper	Dubois
Ross, Harry P.	Richmond	Wayne-Union	Salb, Max C.	Indianapolis	Marion
Ross, James B.	Bloomington	Owen-Monroe	Sallee, William T.	Greensburg	Decatur
Ross, James S.	Richmond	Wayne-Union	Salon, Harry W.	Fort Wayne	Allen
Rossiter, Dudley L.	Fort Wayne	Allen	Salon, Joel W.	Fort Wayne	Allen
Rossow, Russell J.	Evansville	Vanderburgh	Salon, Nathan L.	Fort Wayne	Allen
Roth, Bertram S.	Indianapolis	Marion	Salzman, Morris	New York, N. Y.	Marion
Roth, James R.	Wolf Lake	Noble			
Roth, Leo	Gary	Lake	Sanders, Bertram W.	Connersville	Fayette- Franklin
Rothberg, Maurice	Fort Wayne	Allen	Sanders, Harry M.	Indianapolis	Marion
Rothermel, Harold	Union City	Randolph	Sanders, Jesse A.	Auburn	De Kalb
Rothring, Howard E.	Columbus	Bartholomew- Brown	Sanderson, Robert B.	South Bend	St. Joseph
Rothrock, Philip W.	Lafayette	Tippecanoe	Sandock, Isadore	South Bend	St. Joseph
Rothschild, Charles J. (S)	Fort Wayne	Allen	Sandock, Louis F.	South Bend	St. Joseph
			Sandorf, Marvin H.	Indianapolis	Marion



Name	City	County	Name	City	County
Sandoz, Harry	South Bend	St. Joseph	Schuster, Dwight W.	Indianapolis	Marion
Santare, Vincent J.	Hammond	Lake	Schwartz, Frederick C.	Kokomo	Howard
Saperstein, Morris	Muncie	Delaware- Blackford	Schwarz, Anton	Indianapolis	Marion
Sarver, Francis E.	Fort Wayne	Allen	Scoins, William H.	Fort Wayne	Allen
Savage, Arthur R.	Fort Wayne	Allen	Scott, Frank M.	South Bend	St. Joseph
Savery, Charles E.	Deerfield Beach, Fla.	St. Joseph	Scott, Garland D.	Sullivan	Sullivan
Sayers, Frank E.	Terre Haute	Vigo	Scott, George E.	Indianapolis	Marion
Saylors, Rodger D.	Fort Wayne	Allen	Scott, H. Vaughn	Fort Wayne	Allen
Scales, Alfred B.	Huntingburg	Dubois	Scott, Irvin H.	Sullivan	Sullivan
Scamahorn, Malcolm O.	Pittsboro	Hendricks	Scott, I. Winfield	Indianapolis	Marion
Scamahorn, Oscar T.	Pittsboro	Hendricks	Scott, John S.	La Porte	La Porte
Scea, Wallace A.	Elwood	Madison	Scott, John R.	Indianapolis	Marion
Schaaf, Alvin D.	Jamestown	Boone	Scott, Mildred E.	Hammond	Lake
Schaefer, C. Richard (S)	Indianapolis	Marion	Scott, Robert P.	Indianapolis	Marion
Schafer, William C.	Washington	Daviess- Martin	Scott, Robert S.	Charlottesville	Hancock
Schaffer, Edward V.	Indianapolis	Marion	Scott, Samuel L.	Indianapolis	Marion
Schantz, Richard	Remington	Jasper- Newton	Scott, V. Brown	Shelbyville	Shelby
Scharbrough, William	Medora	Jackson	Scudder, Arthur N.	Brownsburg	Hendricks
Schauwecker, Cleon M.	Greencastle	Putnam	Scully, John T.	Gary	Lake
Schechter, John S.	Indianapolis	Marion	Seal, Perry F.	Brookville	Fayette- Franklin
Scheetz, Marion R.	Lewisville	Henry	Seaman, Charles F.	Indianapolis	Marion
Scheier, Emil W.	Indianapolis	Marion	Sears, Don	Odon	Daviess- Martin
Schell, Harry D.	Bloomington	Owen-Monroe	Sears, M. Maywood (S)	Elkhart	Elkhart
Schellhouse, Earl M.	Fort Wayne	Allen	Seat, Marshall H.	Washington	Daviess- Martin
Schenck, Foss (S)	Logansport	Cass	Sedam, Herbert L.	Indianapolis	Marion
Schenck, Ralph E.	Portland	Jay	Seese, Robert M.	Delphi	Carroll
Scherb, Burton E.	Terre Haute	Vigo	Segar, Louis H.	Indianapolis	Marion
Scherschel, John P.	Bedford	Lawrence	Segar, William E.	Indianapolis	Marion
Schetgen, Joseph V.	Geneva	Adams	Seibel, Robert	Nashville	Bartholomew- Brown
Scheurich, Virgil	Oxford	Benton	Seipel, Stanley	Lanesville	Harrison- Crawford
Schiller, Herbert A.	South Bend	St. Joseph	Selby, Keith E.	South Bend	St. Joseph
Schimmelpfennig, Robert W.	Evansville	Vanderburgh	Sellers, Francis M.	South Bend	St. Joseph
Schirmer, Robert H.	Evansville	Vanderburgh	Sellmer, George W.	Indianapolis	Marion
Schlademan, Karl R.	Fort Wayne	Allen	Selsam, Etta B. (S)	Terre Haute	Vigo
Schlaegel, Theodore F., Jr.	Indianapolis	Marion	Senese, Thomas J.	Gary	Lake
Schlegel, Donald M.	Indianapolis	Marion	Sennett, Cecil M.	Westville	La Porte
Schlemmer, George H.	Warsaw	Kosciusko	Sennett, William K.	Macy	Miami
Schlesinger, Daniel J.	Hammond	Lake	Senseny, Eugene F.	Fort Wayne	Allen
Schlosser, Herbert C.	Elkhart	Elkhart	Sensenich, Roscoe L. (S)	South Bend	St. Joseph
Schmidt, Eugene E.	Fort Wayne	Allen	Seward, George W.	North Manchester	Wabash
Schmidt, Loren F.	Indianapolis	Marion	Sexson, Hiram T.	Indianapolis	Marion
Schmidt, Richard H.	Valparaiso	Porter	Seyler, Anna G.	Crown Point	Lake
Schmiedicke, Paul H.	Lafayette	Tippecanoe	Shafer, Marion R.	Indianapolis	Marion
Schmitt, Richard K.	Columbus	Bartholomew- Brown	Shafer, Richard H.	Alexandria	Madison
Schmoll, Robert J.	Fort Wayne	Allen	Shafer, Sid J.	Chicago, Ill.	Lake
Schneider, Carl J.	Indianapolis	Marion	Shaffer, Kenneth L.	Vincennes	Knox
Schneider, Charles P.	Evansville	Vanderburgh	Shaffer, William R.	Greensburg	Decatur
Schneider, Kenneth D.	Nashville	Bartholomew- Brown	Shallenberger, Henry R.	Modoc	Randolph
Schneider, Louis A.	Fort Wayne	Allen	Shanafelt, Donald K.	Indianapolis	Marion
Schoen, Frederic L.	Fort Wayne	Allen	Shanklin, Jack L.	Bicknell	Knox
Schoolfield, William E.	Orleans	Orange	Shanklin, Vernon A. (S)	Terre Haute	Vigo
Schoonveld, Arthur	Brook	Jasper- Newton	Shanks, Ray W.	Noblesville	Hamilton
Schott, Edward J. (S)	Terre Haute	Vigo	Shannon, Wesley	Crawfordsville	Montgomery
Schreiner, John E.	Bremen	Marshall	Shapiro, Burton J.	Terre Haute	Vigo
Schrepferman, Wayne	Hamilton	Steuben	Shapiro, Joseph	East Chicago	Lake
Schriefer, Victor V.	Evansville	Vanderburgh	Sharp, John L.	Crawfordsville	Montgomery
Schroeder, Henry R.	Washington	Daviess- Martin	Sharp, Merle C.	South Bend	St. Joseph
Schroeder, Robert W.	Marion	Grant	Sharp, William L.	Anderson	Madison
Schuchman, Abe	Indianapolis	Marion	Shattuck, John C.	Brazil	Clay
Schuchman, Gabriel	Indianapolis	Marion	Shaw, James E.	Fort Wayne	Allen
Schulhof, Maurice G.	Muncie	Delaware- Blackford	Sheehan, Francis G.	Indianapolis	Marion
Schulz, Kurt J.	Gary	Lake	Sheek, Kenneth I.	Greenwood	Johnson
Schulze, Hans A.	Pendleton	Madison	Sheets, Charles E.	Manilla	Rush
Schulze, William	Vincennes	Knox	Sheldon, Suel A.	Anderson	Madison
Schumaker, Robert A.	Terre Haute	Vigo	Shelley, Edward S.	South Bend	St. Joseph
Schuman, Edith B.	Bloomington	Owen- Monroe	Shelley, Richard	Indianapolis	Marion
			Shellhouse, Michael	Gary	Lake
			Shenk, Earl M.	Kokomo	Howard
			Shepard, Fred F.	College Cor- ner, Ohio	Wayne-Union
			Sherer, Kenneth E.	Richmond	Wayne-Union



Name	City	County	Name	City	County
Sherster, Harry	Indianapolis	Marion	Sluss, John W. (S)	Indianapolis	Marion
Sherwood, Clarence E.	Fort Wayne	Allen	Smallwood, Robert B.	Bedford	Lawrence
Sherwood, J. Vincent	Fort Wayne	Allen	Smelser, Herman W.	Connersville	Fayette-Franklin
Shevick, Alexander	Gary	Lake	Smith, Byron J.	Kingman	Fountain-Warren
Shields, Jack E.	Brownstown	Jackson	Smith, Charles F.	Indianapolis	Marion
Shields, Tom S.	Richmond	Wayne-Union	Smith, David J.	Indianapolis	Marion
Shina, Heskell	Charlestown	Clark	Smith, David L.	Indianapolis	Marion
Shinabery, Lawrence	Fort Wayne	Allen	Smith, Don C.	Columbus	Bartholomew-Brown
Shively, John A.	Bradenton, Fla.	Marion	Smith, Edward B.	Indianapolis	Marion
Shively, John L.	Lafayette	Tippecanoe	Smith, E. Rogers	Indianapolis	Marion
Shoemaker, Richard L.	Bangor, Me.	Marion	Smith, Francis C.	Indianapolis	Marion
Sholty, William M.	Lafayette	Tippecanoe	Smith, Fred, Jr.	Tell City	Perry
Shonk, Harold W.	Noblesville	Hamilton	Smith, Frederick R.	Spencer	Owen-Monroe
Shoptaugh, A. Glenn, Jr.	Indianapolis	Marion	Smith, Gloster J.	Kokomo	Howard
Short, John T.	Fort Wayne	Allen	Smith, Herbert N.	Brookville	Fayette-Franklin
Shortridge, William H.	Seymour	Jackson	Smith, Herschel S.	Bloomington	Owen-Monroe
Shoup, Homer B.	Greentown	Howard	Smith, James S.	Muncie	Delaware-Blackford
Showalter, John P.	Waterloo	De Kalb	Smith, John H.	Greenfield	Hancock
Showalter, John R.	Terre Haute	Vigo	Smith, John R.	Richmond	Wayne-Union
Shrigley, Edward W.	Indianapolis	Marion	Smith, Lee	Lakeville	St. Joseph
Shriner, Richard L.	South Bend	St. Joseph	Smith, Lester A.	Indianapolis	Marion
Shrock, Ethan E.	Amboy	Miami	Smith, Lowell C.	Lafayette	Tippecanoe
Shroyer, Herbert	Dunkirk	Jay	Smith, Philip L.	Fort Wayne	Allen
Shuck, William A.	Madison	Jefferson-Switzerland	Smith, Ralph O.	Vincennes	Knox
Shullenberger, Wendell A.	Indianapolis	Marion	Smith, Richard	Marion	Grant
Shulruff, Harry I.	East Chicago	Lake	Smith, Richard B.	Fort Wayne	Allen
Shultz, Harry M. (S)	Logansport	Cass	Smith, Rodney D. (S)	Bloomington	Owen-Monroe
Shumacker, Harris B., Jr.	Indianapolis	Marion	Smith, R. Lee	Osgood	Ripley
Sibbitt, Joseph W.	Bloomington	Owen-Monroe	Smith, Roger C.	Fort Wayne	Allen
Sicks, Okla W.	Indianapolis	Marion	Smith, Roy Lee	Indianapolis	Marion
Sidebottom, Earl W.	Indianapolis	Marion	Smith, S. Joseph	Vincennes	Knox
Siebe, Jack C.	Indianapolis	Marion	Smith, Theodore J.	Whiting	Lake
Siebenmorgen, Louis	Terre Haute	Vigo	Smith, Wilbur F.	Indianapolis	Marion
Siebenmorgen, Paul	Terre Haute	Vigo	Smith, William B.	Indianapolis	Marion
Siekierski, Joseph M.	Griffith	Lake	Smithwood, Robert L.	Bluffton	Wells
Siersdorfer, Theodore N. (S)	Indianapolis	Marion	Smoot, Emory B.	Washington	Daviess-Martin
Sigmond, Harvey W.	Indianapolis	Marion	Smoot, Samuel A. (S)	Terre Haute	Vigo
Sigmund, William B.	Columbus	Bartholomew-Brown	Snapp, Richard A.	Indianapolis	Marion
Silbert, David B.	Shelbyville	Shelby	Sneary, Kenneth D.	Avilla	Noble
Silverman, Norman M.	Terre Haute	Vigo	Sneary, Max	Avilla	Noble
Silvian, Harry A.	Whiting	Lake	Snider, Byron	Indianapolis	Marion
Simmons, Frederick H.	Marion	Grant	Snively, William D., Jr.	Evansville	Vanderburgh
Simmons, James E.	Indianapolis	Marion	Snodgrass, Robert E.	Fort Knox, Ky.	Marion
Simmons, Lloyd H.	Goshen	Elkhart	Snowwhite, Arthur B.	Marion	Grant
Simms, J. Leon	Indianapolis	Marion	Snyder, Earl R. (S)	Troy	Perry
Simon, Arthur R.	Sarasota, Fla.	La Porte	Snyder, Morris C.	Richmond	Wayne-Union
Simpson, Robert L.	Bluffton	Wells	Snyder, Parker M.	Carmel	Hamilton
Simpson, William D.	Indianapolis	Marion	Snyderman, Sanford C.	Fort Wayne	Allen
Sims, J. Lawrence	Indianapolis	Marion	Sobel, Z. W.	Elkhart	Elkhart
Singer, Elmer C.	Fort Wayne	Allen	Solomon, Reuben A.	Indianapolis	Marion
Sinn, Charles M.	Evansville	Vanderburgh	Somers, Gerald H.	Fort Wayne	Allen
Sirlin, Edward M.	Mishawaka	St. Joseph	Sommers, Stephen D.	Indianapolis	Marion
Sisson, Norvel D.	South Bend	St. Joseph	Sonne, Irvin S., Jr.	New Albany	Floyd
Skeen, Earl D.	Walkerton	St. Joseph	Soper, Hunter A.	Indianapolis	Marion
Skillern, Penn G. (S)	South Bend	St. Joseph	Sorenson, Raymond	Kokomo	Howard
Skillern, Scott D.	South Bend	St. Joseph	Sosa, Carlos M. A.	Crane	Greene
Skomp, Claud E.	Marion	Grant	Souder, Bonnell M.	Auburn	De Kalb
Slabaugh, Jancy S. (S)	Nappanee	Elkhart	Souter, Martha C.	Indianapolis	Marion
Slama, George F.	Gary	Lake	Southard, Carl B.	Noblesville	Hamilton
Slama, John T.	Gary	Lake	Southard, James E.	Danville	Hendricks
Slaughter, Howard C.	Evansville	Vanderburgh	Southworth, John W.	Logansport	Cass
Slaughter, John C.	Evansville	Vanderburgh	Sovine, Joe W.	Indianapolis	Marion
Slaughter, Owen L.	Evansville	Vanderburgh	Spahr, Donald E.	Portland	Jay
Slick, Crystal R.	Lynn	Randolph	Spahr, John F.	Indianapolis	Marion
Sloan, Herbert P.	New Albany	Floyd	Spalding, Joseph J.	Indianapolis	Marion
Sloan, W. Keith	Madison	Jefferson-Switzerland	Spalding, Wendell L.	Mishawaka	St. Joseph
Slominski, Harry H.	South Bend	St. Joseph	Spangler, Jesse S.	Kokomo	Howard
Slough, O. Thomas	Kendallville	Noble	Sparks, Alan L.	Indianapolis	Marion
Sluss, David H.	Indianapolis	Marion	Sparks, Paul W.	Winchester	Randolph
			Spears, John K.	Paoli	Orange



Name	City	County	Name	City	County
Spears, John M.	Indianapolis	Marion	Stevens, Sydney L.	Indianapolis	Marion
Speas, Robert C.	Terre Haute	Vigo	Stewart, J. Frank W.	Vincennes	Knox
Speckman, Glenn H.	Indianapolis	Marion	Stewart, Milton B. (S)	Logansport	Cass
Spellman, Frank W.	Gary	Lake	Stewart, Walter E.	Terre Haute	Vigo
Spencer, Beaufort A.	Bloomington	Owen-Monroe	Sthair, Phillip L.	Marion	Grant
Spencer, Frederic	Vincennes	Knox	Stibbins, Warren E.	Muncie	Delaware- Blackford
Spencer, C. Herbert	Fort Wayne	Allen	Stier, Paul L.	Fort Wayne	Allen
Spenner, Raymond W.	South Bend	St. Joseph	Stillwell, William R.	Richmond	Wayne-Union
Spigler, James F.	Terre Haute	Vigo	Stimson, Harry R.	Gary	Lake
Spindler, Robert D.	Shelbyville	Shelby	Stine, Marshall E.	Bremen	Marshall
Spinning, Alva L. (S)	Palm Springs, Calif.	La Porte	Stinson, Dean K.	Rochester	Fulton
Spivack, Mary	Gary	Lake	Stinson, William M.	Anderson	Madison
Spivey, Russell J.	Indianapolis	Marion	Stiver, Daniel D.	South Bend	St. Joseph
Spolyar, Louis W.	Indianapolis	Marion	Stocking, Bruce W.	Muncie	Delaware- Blackford
Sponder, Joseph	Gary	Lake	Stoelting, J. Lewis	Terre Haute	Vigo
Spray, Page E.	Elkhart	Elkhart	Stoelting, Vergil K.	Indianapolis	Marion
Sprecher, Herman C.	Evansville	Vanderburgh	Stogdill, William J.	South Bend	St. Joseph
Sprenger, Thomas R.	Indianapolis	Marion	Stogsdill, Willis W.	Franklin	Johnson
Springstun, George H.	Oaktown	Knox	Stoltz, Robert M.	Valparaiso	Porter
Springstun, Walter R.	Evansville	Vanderburgh	Stone, Alvin T.	Indianapolis	Marion
Sputh, Carl B., Jr.	Indianapolis	Marion	Stone, David F.	Indianapolis	Marion
Sroka, Alexander G.	Hammond	Lake	Stoops, Jean T.	Wabash	Wabash
Sroka, Stanley J.	Highland	Lake	Storey, D. Edmund	Indianapolis	Marion
Stadler, Harold E.	Indianapolis	Marion	Storey, Joseph L.	Indianapolis	Marion
Staff, Robert A.	Danville	Hendricks	Stork, Harvey K.	Huntingburg	Dubois
Stafford, James C. (S)	Plainfield	Hendricks	Stork, Urban	Evansville	Vanderburgh
Stafford, William C.	Plainfield	Hendricks	Storms, Roy B.	Indianapolis	Marion
Stahl, Edward T.	Lafayette	Tippecanoe	Stouder, Albert E.	Kempton	Tipton
Stallman, Carl F.	Kendallville	Noble	Stouder, Charles E.	Ellettsville	Owen-Monroe
Stalter, Gaylord W.	North Webster	Kosciusko	Stout, Francis E.	Muncie	Delaware- Blackford
Stamper, Joseph H.	Anderson	Madison	Stout, Harry T.	Frankfort	Clinton
Stamper, Lucian A.	Richmond	Wayne-Union	Stout, Richard B.	Elkhart	Elkhart
Stamper, Robert J.	Anderson	Madison	Stout, Walter M.	New Castle	Henry
Stangle, William J.	Bloomington	Owen-Monroe	Stover, Wendell C.	Boonville	Warrick
Stanley, John R.	Muncie	Delaware- Blackford	Stoycoff, Christ M. (S)	Gary	Lake
Stanley, John S.	Miami, Fla.	Marion	Stratigos, Joseph S.	South Bend	St. Joseph
Stansell, Gilbert B.	West Lafay- ette	Tippecanoe	Strayer, Joseph W.	Lafayette	Tippecanoe
Stanton, James J. (S)	Logansport	Cass	Streck, Francis A.	Lawrenceburg	Dearborn- Ohio
Starks, William O.	Muncie	Delaware- Blackford	Strecker, William L.	Terre Haute	Vigo
Stasick, Murray	Hammond	Lake	Streepey, Jefferson I.	New Albany	Floyd
Staten, Jesse C.	Indianapolis	Marion	Strickland, Karl S. (S)	Princeton	Gibson
Stauffer, George E.	Mooreland	Henry	Strong, Daniel S. (S)	Terre Haute	Vigo
Stauffer, Richard C.	Fort Wayne	Allen	Stroup, Tyler J.	Indianapolis	Marion
Stauffer, Walter A. (S)	Elkhart	Elkhart	Strueh, Paul E.	Evansville	Vanderburgh
Staunton, Henry A.	South Bend	St. Joseph	Stubbins, William M.	Elkhart	Elkhart
Stayton, Chester A.	Indianapolis	Marion	Stucky, Elsworth K.	Indianapolis	Marion
Stayton, Chester A., Jr.	Indianapolis	Marion	Stuckey, Jerry L.	Blytheville, Ark.	Marion
Steckler, Robert J.	Evansville	Vanderburgh	Studebaker, Lloyd R.	LaGrange	LaGrange
Stecy, Peter	Whiting	Lake	Stultz, Quentin F.	Ligonier	Noble
Steele, Dick J.	Greencastle	Putnam	Stumer, Myer	Michigan City	La Porte
Steele, Everett B.	Crown Point	Lake	Stump, Loyd K.	Indianapolis	Marion
Steele, Frank M.	Muncie	Delaware- Blackford	Stump, Thomas A.	Indianapolis	Marion
Steele, Hugh H.	Lafayette	Tippecanoe	Stumpf, Edwin E.	New Haven	Allen
Steele, Paul W.	Evansville	Vanderburgh	Sturgis, Donald G.	Sellersburg	Clark
Steen, Lowell H.	Whiting	Lake	Stygall, James H.	Indianapolis	Marion
Steffen, Arthur J.	Wabash	Wabash	Sugarman, Benjamin E.	French Lick Springs	Orange
Steffen, Julian T.	Wabash	Wabash	Sullenger, Adron A.	Vincennes	Knox
Steffy, Ralph M.	Portland	Jay	Sullivan, John M.	Terre Haute	Vigo
Steigmeyer, David J.	Fort Wayne	Allen	Sullivan, Robert E.	Fort Wayne	Allen
Steinem, Joseph L.	Connersville	Fayette- Franklin	Sutton, William E.	Indianapolis	Marion
Steinkamp, Emil F. (S)	Huntingburg	Dubois	Suzuki, Tsutomu T.	Covington	Fountain- Warren
Steinmetz, Edward F.	Indianapolis	Marion	Swan, John R.	Indianapolis	Marion
Stellner, Howard A.	Fort Wayne	Allen	Swan, Richard C.	Anderson	Madison
Stephens, Donald E.	Indianapolis	Marion	Swank, L. Forrest	Elkhart	Elkhart
Stephens, Kuhrman H.	Indianapolis	Marion	Sweeney, Michael J.	Evansville	Vanderburgh
Stephens, Lowell R.	Covington	Fountain- Warren	Sweet, Howard E.	Richmond	Wayne-Union
Stepleton, John D.	Richmond	Wayne-Union	Swihart, Homer R.	Elkhart	Elkhart
Stern, Samuel L.	Hammond	Lake	Swihart, Leonard F.	Elkhart	Elkhart
Sterne, John H.	Evansville	Vanderburgh	Switzer, Robert E.	Portsmouth, Va.	Noble
Stevens, Edwin W.	Hammond	Lake	Syler, Robert W.	Westville	La Porte



Name	City	County	Name	City	County
Symmes, Alfred T.	Indianapolis	Marion	Thompson, Robert A.	South Bend	St. Joseph
Symon, William E.	Bluffton	Wells	Thompson, Wayne H.	Indianapolis	Marion
Szumilas, Peter P.	Indianapolis	Marion	Thompson, Will A. (S)	Liberty	Wayne-Union
Szynal, John S.	Indianapolis	Marion	Thompson, Wm. R.	Winamac	Pulaski
T			Thornburg, Kenneth E.	Indianapolis	Marion
Tabaka, Francis B.	La Porte	La Porte	Thorne, Charles E.	New Castle	Henry
Tager, Stephen N.	Evansville	Vanderburgh	Thornton, Harold C.	Indianapolis	Marion
Talarice, Leonard H.	Indianapolis	Marion	Thornton, Maurice J.	South Bend	St. Joseph
Talbert, Pierre C.	Bluffton	Wells	Thornton, Walter E. (S)	Fort Wayne	Allen
Talbott, Dan E.	Indianapolis	Marion	Thrasher, John R. (S)	New Augusta	Marion
Tanner, Henry S.	Indianapolis	Marion	Throop, Frank B.	Indianapolis	Marion
Taraba, Ralph W.	Kokomo	Howard	Thurston, Harri- son S. (S)	Indianapolis	Marion
Tasher, Dean C.	Westville	La Porte	Tilden, Margaret H.	Evansville	Vanderburgh
Tate, Elizabeth	Dunkirk	Jay	Tiley, George A.	Greenwood	Johnson
Taub, Robert G.	Michigan City	La Porte	Tindal, Edward F. (S)	Muncie	Delaware- Blackford
Taube, Jack I.	Indianapolis	Marion	Tindall, George T.	Indianapolis	Marion
Taylor, Clifford C.	Indianapolis	Marion	Tindall, Paul R.	Shelbyville	Shelby
Taylor, Cyril	Indianapolis	Marion	Tindall, William R.	Shelbyville	Shelby
Taylor, Donald R.	Muncie	Delaware- Blackford	Tinney, William E. (S)	Pass-A-Grille, Fla.	Marion
Taylor, Everett C.	Upland	Grant	Tinsley, Frank W.	Indianapolis	Marion
Taylor, Frederic W.	Indianapolis	Marion	Tinsley, Walter B.	Indianapolis	Marion
Taylor, James A.	Muncie	Delaware- Blackford	Tinsley, Walter B., Jr.	Indianapolis	Marion
Taylor, John R.	Palestine, Ill.	Sullivan	Tipton, William R.	Greencastle	Putnam
Taylor, Loren F.	Martinsville	Morgan	Tirman, Wallace S.	South Bend	St. Joseph
Taylor, Max T.	Indianapolis	Marion	Tischer, E. Paul	Indianapolis	Marion
Taylor, Robert G.	Fort Wayne	Allen	Titus, Charles R. (S)	Wilkinson	Hancock
Taylor, William R.	Richmond	Wayne-Union	Titus, Jack L.	Rensselaer	Jasper- Newton
Teague, Frank W.	Indianapolis	Marion	Todd, David D.	LaJolla, Calif.	Elkhart
Teal, Dorothy D.	Columbus	Bartholomew- Brown	Tomak, Milton E.	Linton	Greene
Tedford, John H.	Tucson, Ariz.	Clinton	Tomlin, Hugh M.	Muncie	Delaware- Blackford
Teegarden, Joseph A. (S)	East Chicago	Lake	Tondra, John M.	Indianapolis	Marion
Teegarden, Joseph A., Jr.	East Chicago	Lake	Topoligus, James N.	Bloomington	Owen-Monroe
Teixler, Victor A.	Indianapolis	Marion	Topping, Malachi C.	Terre Haute	Vigo
Templeton, Ames R.	Mishawaka	St. Joseph	Torella, Jose A.	Indianapolis	Marion
Templin, David B.	Lowell	Lake	Tosick, William A.	Indianapolis	Marion
Tennant, David L.	Fort Wayne	Allen	Toumey, Fred L.	Indianapolis	Marion
Tennis, George T.	Greencastle	Putnam	Tower, James H., Jr.	Shelbyville	Shelby
Teplinsky, Louis L.	East Chicago	Lake	Tower, Thomas K.	Campbellsburg	Washington
Terflinger, Fred W. (S)	Logansport	Cass	Townsend, William A.	Gary	Lake
Terrill, Richard W.	Fort Wayne	Allen	Tranter, William F.	Sharpsville	Tipton
Terry, Lloyd	Danville	Hendricks	Traver, Perry C.	South Bend	St. Joseph
Terveer, John B.	Decatur	Adams	Travis, Mary F.	Corte Madera, Calif.	Cass
Test, Charles E.	Indianapolis	Marion	Trees, Carl A.	San Diego, Calif.	Marion
Teter, George V.	Indianapolis	Marion	Tremain, Milton A. (S)	Adams	Decatur
Teters, Melvin S.	Middlebury	Elkhart	Treon, James F. (S)	Aurora	Dearborn- Ohio
Tether, Joseph E.	Indianapolis	Marion	Trepagnier, Francis B.	E. Chicago	Lake
Thacker, Charles W.	South Bend	St. Joseph	Trimble, John G.	Kokomo	Howard
Tharpe, Ray	Indianapolis	Marion	Trinosky, Frank G.	Gary	Lake
Thatcher, Hugh K., Jr.	Indianapolis	Marion	Trout, Carl J.	Lafayette	Tippecanoe
Thayer, Benet W.	North Vernon	Jennings	Troutwine, William R.	Crown Point	Lake
Thegze, George A.	East Chicago	Lake	Troy, Jack M.	Whiting	Lake
Thimlar, James W.	Fort Wayne	Allen	Troyer, Dana	Goshen	Elkhart
Thom, Julia Swain	Indianapolis	Marion	Truman, E. Michael	Brookville	Fayette- Franklin
Thomas, Charles E. (S)	Leesburg	Kosciusko	Trusler, Harold M.	Indianapolis	Marion
Thomas, Clayton W.	Carmel	Hamilton	Tubbs, George R. (S)	Lafayette	Tippecanoe
Thomas, Daniel D.	Gary	Lake	Tuchman, Joseph H.	Indianapolis	Marion
Thomas, Edward P.	Indianapolis	Marion	Tucker, Leonard C.	Wilmington, Del.	Marion
Thomas, Everett W.	Warsaw	Kosciusko	Tucker, Oral A.	Daleville	Delaware- Blackford
Thomas, Fred A.	Indianapolis	Marion	Tucker, Robert L.	Rochester, Minn.	Marion
Thomas, Gerald J.	Gary	Lake	Tucker, Warren S.	Indianapolis	Marion
Thomas, Lowell I.	Indianapolis	Marion	Tuholski, James M.	Evansville	Vanderburgh
Thomas, Morris E.	Indianapolis	Marion	Tully, John A. (S)	New Castle	Henry
Thompson, Alfred A. (S)	Tyner	Marshall	Turgi, Robert W.	Gary	Lake
Thompson, B. Jay	Marion	Grant	Turnley, Verne L.	Fowler	Benton
Thompson, Claude N.	Waynetown	Montgomery	Turner, Anna Goss	Madison	Jefferson- Switzerland
Thompson, Frank M.	Huntington	Huntington			
Thompson, Holland	Fort Wayne	Allen			
Thompson, John M.	South Bend	St. Joseph			
Thompson, John V.	Indianapolis	Marion			
Thompson, Naiad Mason	Evansville	Vanderburgh			
Thompson, Paul D.	Indianapolis	Marion			



Name	City	County	Name	City	County
Turner, Harold B.	Bloomfield	Greene	Vore, Louing W.	Plymouth	Marshall
Turner, Isabel B.	Evansville	Vanderburgh	Vore, Robert E.	Indianapolis	Marion
Turner, Jack J.	Bloomfield	Greene	Voyles, Charles F. (S)	Indianapolis	Marion
Turner, John P.	Goshen	Elkhart	Voyles, Harry E.	New Albany	Floyd
Turner, Maurice A.	Indianapolis	Marion	Vurpillat, Francis J.	South Bend	St. Joseph
Turner, Oscar A.	Madison	Jefferson-Switzerland	Vye, James P.	Gary	Lake
Turner, Robert D.	Muncie	Delaware-Blackford	<b>W</b>		
Tweedall, Daniel C.	Evansville	Vanderburgh	Wachob, Tom W., Jr.	Kokomo	Howard
Tyler, Frank T. (S)	New Albany	Floyd	Wade, Alfred A.	Howe	LaGrange
Tyner, Harlan H.	Indianapolis	Marion	Wade, Reynolds W.	New Haven	Allen
Tyrrell, Joseph J.	Calumet City, Ill.	Lake	Wait, Jerome H.	Columbia City	Whitley
Tyrrell, Thomas C.	Calumet City, Ill.	Lake	Wagner, Arthur L.	Jasper	Dubois
<b>U</b>			Wagner, David G.	Goshen	Elkhart
Ulrey, Robert P.	Elwood	Madison	Wagner, Richard	Huntington	Huntington
Urschel, Dan L.	Mentone	Kosciusko	Wagoner, B. D.	Union City	Randolph
<b>V</b>			Wagoner, George W.	Delphi	Carroll
Vagner, S. Bernard	South Bend	St. Joseph	Wagoner, John R.	Houston, Tex.	Tippecanoe
Vail, George A.	Lawrenceburg	Dearborn-Ohio	Waits, Chester L.	Colfax	Clinton
VanArsdall, Clarence R.	Terre Haute	Vigo	Waldo, J. Thayer	Indianapolis	Marion
Van Bokkelen, Robert W.	Mooreville	Morgan	Walker, Adolph P.	East Chicago	Lake
Van Buskirk, Edmund L.	Lafayette	Tippecanoe	Walker, Edwin M., Jr.	South Bend	St. Joseph
Vance, William C.	Richmond	Wayne-Union	Walker, Floyd B.	Fort Wayne	Allen
Van Den Bosch, Wallace R.	Lafayette	Tippecanoe	Walker, Frank C. (S)	Indianapolis	Marion
Vandever, Arthur C.	Sellersburg	Clark	Walker, Jack M.	Muncie	Delaware-Blackford
Vandivier, Robert M.	Indianapolis	Marion	Walker, James L.	LaFontaine	Wabash
Van Dorn, Myron J.	Indianapolis	Marion	Walker, Louis	Greensburg	Decatur
Van Fleet, Josephine	Indianapolis	Marion	Walker, Robert K.	Indianapolis	Marion
Van Kirk, John A.	Frankfort	Clinton	Wallace, Elmer L.	New Albany	Floyd
Van Kirk, John R.	Burlington	Carroll	Wallace, Hawthorne C.	Crawfordsville	Montgomery
Van Kirk, Paul P.	Frankfort	Clinton	Walter, Robert F.	Evansville	Vanderburgh
Van Meter, C. Powell	Indianapolis	Marion	Walters, Charles E.	Mishawaka	St. Joseph
Van Ness, William C.	Summitville	Madison	Walters, Eleanore	Gary	Lake
VanNest, Willard A.	New Smyrna Beach, Fla.	De Kalb	Walters, Jack	Franklin	Johnson
Van Nuys, John D.	Indianapolis	Marion	Walters, Richard E.	Columbus	Bartholomew-Brown
Van Rie, Leo P.	Mishawaka	St. Joseph	Walters, William H.	Michigan City	La Porte
Van Sandt, Eldon D.	Indianapolis	Marion	Walther, Joseph E.	Indianapolis	Marion
Van Sandt, Frank A. (S)	Bloomfield	Greene	Walton, William M.	Indianapolis	Marion
Van Tassel, Charles J.	Indianapolis	Marion	Wanninger, Horace	Richmond	Wayne-Union
Van Vactor, Helen D.	Indianapolis	Marion	Ward, Gerald F.	Fort Wayne	Allen
Van Wienen, John	Martinsville	Morgan	Ward, James W.	Miami, Fla.	St. Joseph
Vaughn, Rufus M.	Los Angeles, Calif.	Marion	Ward, Paula B.	Fort Wayne	Allen
Vaughn, Walter R.	Vincennes	Knox	Ward, Wesley C.	Indianapolis	Marion
Veach, Lester W.	Bainbridge	Putnam	Warfel, Frederick C. (S)	Indianapolis	Marion
Veach, William L.	Terre Haute	Vigo	Warfield, Chester H.	Fort Wayne	Allen
Veach, Richard L.	Bainbridge	Putnam	Warman, Alvah P.	Indianapolis	Marion
Veazey, William M. (S)	Avilla	Noble	Warn, William J.	Milan	Ripley
Vellios, Frank	Indianapolis	Marion	Warner, Charles L.	Evansville	Vanderburgh
Venable, George L.	North Manchester	Wabash	Warren, Carroll B.	Marion	Grant
Venis, Kemper N.	Muncie	Delaware-Blackford	Warren, Lewis T.	Michigan City	La Porte
Vermilya, Robert W.	Lafayette	Tippecanoe	Warrick, Francis B.	Richmond	Wayne-Union
Verplank, Grover L.	Gary	Lake	Warrick, Homer L.	Osceola	St. Joseph
Viehe, Robert W.	Evansville	Vanderburgh	Warriner, James B.	Indianapolis	Marion
Vietzke, Paul C. F.	Valparaiso	Porter	Warshaw, Seymour	Indianapolis	Marion
Vingis, Bronie	Greenfield	Hancock	Warvel, John H.	Indianapolis	Marion
Viney, Charles L.	Logansport	Cass	Warvel, Joseph L. (S)	North Manchester	Wabash
Visher, John W.	Evansville	Vanderburgh	Washington, G. Kenneth	Gary	Lake
Vivian, Donald E.	New Castle	Henry	Watson, James L.	Evansville	Vanderburgh
Vogel, John L.	Columbia City	Whitley	Watterson, Gerald T.	Connersville	Fayette-Franklin
Vogel, Lloyd A., Jr.	Fort Wayne	Allen	Weaver, Timothy M. (S)	Brazil	Clay
Vogel, L. John	Mount Vernon	Posey	Weaver, Wm. W.	New Albany	Floyd
Voges, Edward C.	Terre Haute	Vigo	Webb, Harry D.	Anderson	Madison
Vollrath, Victor J.	Indianapolis	Marion	Webb, Lawrence C.	Warren	Huntington
VonAsch, George	La Porte	La Porte	Weber, Edgar H.	Evansville	Vanderburgh
Von der Lieth, Wm. C.	Vincennes	Knox	Weber, John R.	Fort Wayne	Allen
Von Der Haar, Gerard	Indianapolis	Marion	Weber, Joseph G. S.	Terre Haute	Vigo
Voorhies, McKinley	Gary	Lake	Webster, Paul L.	Ligonier	Noble
Vore, Hugh A.	East Chicago	Lake	Webster, Robert K.	Brazil	Clay
			Weddle, Chas. O.	Lebanon	Boone
			Weeks, Patrick H.	Michigan City	La Porte
			Weems, Mallory P.	Jeffersonville	Clark
			Wehrman, Jule O. (S)	Indianapolis	Marion
			Weigand, Clayton G.	Indianapolis	Marion



Name	City	County	Name	City	County
Weinbaum, Jack G.	Terre Haute	Vigo	Wilkens, Irvin W.	Indianapolis	Marion
Weinberg, Benjamin A.	Whiting	Lake	Wilkerson, Edward L.	Terre Haute	Vigo
Weinberg, Samuel	Marion	Grant	Wilkins, Robert W.	Fort Wayne	Allen
Weinland, George C.	Indianapolis	Marion	Wilkinson, Roger L.	Anderson	Madison
Weinsoff, Beverly	N. Hollywood, Calif.	Marion	Willan, Horace R.	Martinsville	Morgan
Weinstein, Edwin B.	Richmond	Wayne-Union	Williams, A. Berniece	Fort Wayne	Allen
Weinstock, Adolph	Rolling Prairie	La Porte	Williams, Aubrey H.	Fort Wayne	Allen
Weir, Dale	LaGrange	LaGrange	Williams, Alexander S.	Gary	Lake
Weirich, Charles I.	Butler	De Kalb	Williams, Charles D.	Indianapolis	Marion
Weiskopf, Henry S.	Gary	Lake	Williams, Clifford L.	Indianapolis	Marion
Weiss, Eugene	South Bend	St. Joseph	Williams, Edwin D.	Gary	Lake
Weiss, Henry G.	Evansville	Vanderburgh	Williams, Everett W.	Columbus	Bartholomew-Brown
Weiss, Jason	Indianapolis	Marion	Williams, Francis M., Jr.	Anderson	Madison
Weiss, John T.	Hobart	Lake	Williams, Fielding P.	Huntingburg	Dubois
Weiss, Louis L.	Indianapolis	Marion	Williams, Harold O.	Kendallville	Noble
Weissman, Charles G.	Hammond	Lake	Williams, Howard S.	Indianapolis	Marion
Weitemier, Raymond A.	Richmond	Wayne-Union	Williams, Hugh L.	Indianapolis	Marion
Weitzel, Roland	Princeton	Gibson	Williams, John H.	Shipshewana	LaGrange
Welborn, Mell B.	Evansville	Vanderburgh	Williams, Paul D.	Indianapolis	Marion
Welch, Norbert M.	Vincennes	Knox	Williams, Robert D.	Markleville	Madison
Weldy, Bryce P.	Hartford City	Delaware-Blackford	Williams, Robert E.	Lafayette	Tippecanoe
Weller, Charles A.	Indianapolis	Marion	Williams, Robert H.	Anderson	Madison
Weller, Ralph	Rossville	Clinton	Williams, Russell S.	Indianapolis	Marion
Welpott, Jean F.	Bloomington	Owen-Monroe	Willis, Charles F.	Evansville	Vanderburgh
Wells, James H.	Indianapolis	Marion	Willison, George W.	Evansville	Vanderburgh
Welty, Scudder G.	Fort Wayne	Allen	Willner, Alan	Clarksville	Clark
Werry, Leslie E.	Hartford City	Delaware-Blackford	Wills, Max	Auburn	De Kalb
Wertenberger, Morris D.	Richmond	Wayne-Union	Willson, Canby L.	Anderson	Madison
West, Joseph L.	Indianapolis	Marion	Wilmore, Ralph C.	Indianapolis	Marion
Westfall, B. Kemper	Indianapolis	Marion	Wilson, David	Evansville	Vanderburgh
Westfall, George S.	Goshen	Elkhart	Wilson, Fred L.	Terre Haute	Vigo
Westfall, John B.	Indianapolis	Marion	Wilson, Fred M.	Indianapolis	Marion
Westhaysen, Peter	Hammond	Lake	Wilson, Guy H.	Bicknell	Knox
Whallon, Arthur J.	Richmond	Wayne-Union	Wilson, James M.	South Bend	St. Joseph
Wharton, Russell O.	Gary	Lake	Wilson, John D.	Evansville	Vanderburgh
Wheeler, Clarence J.	Houston, Tex.	Vanderburgh	Wilson, Leslie	Fort Wayne	Allen
Wheeler, David E.	Indianapolis	Marion	Wilson, Oliver R.	Indianapolis	Marion
Whipps, Charles E. (S)	Carlisle	Sullivan	Wilson, Orley E.	Elkhart	Elkhart
Whisler, Frederick M.	Wabash	Wabash	Wilson, Paul E.	Boonville	Warrick
Whitcomb, Roger F.	Shelbyville	Shelby	Wilson, Paul H.	Logansport	Cass
White, Chester S. (S)	Rosedale	Parke-Vermillion	Wilson, Ralph	Evansville	Vanderburgh
White, Donald G.	Indianapolis	Marion	Wilson, Roland B.	Fort Wayne	Allen
White, Donald J.	Indianapolis	Marion	Wilson, Talmage L.	Bloomington	Owen-Monroe
White, Gilbert H., Jr.	Hammond	Lake	Wilson, Wymond B.	Mentone	Kosciusko
White, Harvey E.	Farmland	Randolph	Wimmer, Robert N.	Gary	Lake
White, Isaac D. (S)	Clinton	Parke-Vermillion	Winter, Donald K.	Logansport	Cass
White, James V.	Terre Haute	Vigo	Winters, Matthew	Bloomington	Owen-Monroe
White, John B.	Indianapolis	Marion	Wise, Charles L.	Camden	Carroll
White, Philip T.	Indianapolis	Marion	Wise, William R.	Indianapolis	Marion
Whitlock, Francis C.	Mishawaka	St. Joseph	Wiseheart, Robert H.	Lebanon	Boone
Whitlock, Merle E.	Mishawaka	St. Joseph	Wiseman, V. Earle	Greencastle	Putnam
Whitsitt, Schuyler A. (S)	Madison	Jefferson-Switzerland	Wisener, Guthrie H.	Richmond	Wayne-Union
Wiatt, Leonard	Knightstown	Henry	Wishard, Wm. N., Jr.	Indianapolis	Marion
Wicks, Orlando C. (S)	Gary	Lake	Wissman, William L.	Columbus	Bartholomew-Brown
Widdifield, G. E.	Indianapolis	Marion	Witham, Robert L.	Indianapolis	Marion
Wiedemann, Frank E. (S)	Terre Haute	Vigo	Witt, William R.	Jeffersonville	Clark
Wierzalis, Edward F.	Hartford City	Delaware-Blackford	Wixted, John F.	Mishawaka	St. Joseph
Wiethoff, Clifford A.	Seymour	Jackson	Wixted, Julia F.	Mishawaka	St. Joseph
Wiggins, Dulanias S. (S)	Newcastle	Henry	Wohlfeld, Gerald	New Albany	Floyd
Wiland, Olin K.	Richmond	Wayne-Union	Wohlfeld, Julius B.	Bedford	Lawrence
Wilder, Gordon B.	Anderson	Madison	Wojcik, Ladislav D.	Marion	Grant
Wilder, William T.	Anderson	Madison	Wolfe, William E.	La Porte	La Porte
Wildman, Roscoe E.	Peru	Miami	Wolfe, Nelson	New Albany	Floyd
Wilhelm, Agatha M.	South Bend	St. Joseph	Wolfgram, Don J.	Indianapolis	Marion
Wilhelmus, C. Kenneth	Evansville	Vanderburgh	Wolverton, George M.	Clarksville	Clark
Wilhelmus, Charles M. (S)	Newburgh	Warrick	Woner, John W.	Linton	Greene
Wilhelmus, Gilbert M.	Evansville	Vanderburgh	Wong, Norman F.	Linden	Montgomery
Wilhelmus, Wm. M. (S)	Evansville	Vanderburgh	Wood, Donald E.	Indianapolis	Marion
			Wood, Elmer U. (S)	Columbus	Bartholomew-Brown
			Wood, Opal L.	Brazil	Clay
			Wood, Russell W.	Oakland City	Gibson
			Wood, William H.	Indianapolis	Marion
			Woodard, Abram S., Jr.	Indianapolis	Marion
			Woodbury, John W.	Marion	Grant

Name	City	County
Woodcock, Charles E.	Greenwood	Johnson
Woods, Arba L.	Poseyville	Posey
Woods, Haldon C.	Markle	Huntington
Woods, James R., Jr.	Greenfield	Hancock
Woods, Wm. P. (S)	Evansville	Vanderburgh
Woolery, Richard H.	Bedford	Lawrence
Woolling, Kenneth R.	Indianapolis	Marion
Work, Bruce A.	Frankfort	Clinton
Work, James A., Jr.	Elkhart	Elkhart
Worley, Ansel C.	Fort Wayne	Allen
Worley, Joseph P.	Indianapolis	Marion
Worley, Henry L.	New Albany	Floyd
Worley, Richard H.	Indianapolis	Marion
Worth, C. Willard	Milroy	Rush
Wrege, Malcolm L.	Indianapolis	Marion
Wright, Cecil S.	Anderson	Madison
Wright, J. William	Indianapolis	Marion
Wright, J. Wm., Jr.	Indianapolis	Marion
Wright, Wm. C.	Fort Wayne	Allen
Wurster, Herbert C.	Mishawaka	St. Joseph
Wyatt, James L., II	Fort Wayne	Allen
Wyatt, James L., III	Fort Wayne	Allen
Wyeth, Charles (S)	Terre Haute	Vigo
Wygant, Marion D.	Mishawaka	St. Joseph
Wyland, Byron J.	Mishawaka	St. Joseph
Wynegar, David E.	Richmond	Wayne-Union
Wynn, Justice F.	Evansville	Vanderburgh
Wynne, Roland E.	Bedford	Lawrence
Wytttenbach, John E.	Indianapolis	Marion

## Y

Yacko, Michael L.	Indianapolis	Marion
Yale, Charles A.	Fairmount	Grant
Yanson, Mannfredo R. S.	Eagleville, Pa.	Wells
Yarling, John E. (S)	Peru	Miami
Yast, Charles J.	Gary	Lake
Yegerlehner, Roscoe S.	Kentland	Jasper-Newton
Yencer, Martin W. (S)	Richmond	Wayne-Union
Yocum, Paul S.	Gary	Lake
Yocum, Paul S., Jr.	Gary	Lake
Yocum, William S.	Gary	Lake
Yoder, Albert C. (S)	Goshen	Elkhart

Name	City	County
Yoder, C. Richard	Elkhart	Elkhart
Yoder, Dewey D.	Columbus	Bartholomew-Brown
Yoder, Richard P.	Bluffton	Wells
York, Arthur F.	Anderson	Madison
Young, C. Curtis	Evansville	Vanderburgh
Young, George M.	Gary	Lake
Young, Gerald S.	Muncie	Delaware-Blackford
Young, James W.	Indianapolis	Marion
Young, John E.	Indianapolis	Marion
Young, John M.	Indianapolis	Marion
Young, Ralph H.	Goshen	Elkhart
Young, Robert G.	Marion	Grant
Young, Robert L.	Gary	Lake
Yunker, Philip E.	Howe	LaGrange

## Z

Zalac, Donald A.	Michigan City	La Porte
Zaring, Byron K.	Columbus	Bartholomew-Brown
Zehr, Noah (S)	Fort Wayne	Allen
Zeiger, Irvin	South Bend	St. Joseph
Zell, Evertson H.	McDill Field, Fla.	Marion
Zeps, E. Frances	Richmond	Wayne-Union
Zerfas, Charles P. A.	Indianapolis	Marion
Zerfas, Leon G.	Camby	Marion
Zerfas, Phyllis K.	Indianapolis	Marion
Zeier, Francis G.	Evansville	Vanderburgh
Zierer, Reuben O.	Anderson	Madison
Zimmer, Henry J.	Mishawaka	St. Joseph
Zimmerman, Harold	Evansville	Vanderburgh
Zimmerman, Wm. H.	Dublin	Wayne-Union
Zink, Robert O.	Madison	Jefferson-Switzerland
Ziperman, H. Haskell	Ft. Sam Houston, Tex.	Marion
Ziss, Robert C.	Evansville	Vanderburgh
Zullo, Robert S.	Michigan City	La Porte
Zweig, Elmer S.	Fort Wayne	Allen
Zwerner, Paul F.	Terre Haute	Vigo
Zwick, Harold F.	Decatur	Adams
Zwickel, Ralph E.	Evansville	Vanderburgh



## ROSTER OF MEMBERS BY COUNTIES

Physicians are listed in the counties in which they reside.

(Paid-up members of the Indiana State Medical Association as of June 1, 1957)

### ADAMS COUNTY

#### Berne

Beaver, Norman E. .... 165 W. Water St.  
Boze, Robert L. .... 167 N. Jefferson St.  
Luginbill, Howard M. .... 165 S. Jefferson St.

#### Decatur

Burk, James M. .... 115 N. Third St.  
Carroll, John C. .... 134 N. First St.  
Girod, Arthur H. .... 1004 W. Monroe St.  
Kohne, Gerald J. .... 134 S. Third St.  
Rich, Norval ..... 415 W. Madison St.  
Terveer, John B. .... 222 S. Second St.  
Zwick, Harold F. .... 226 S. Second St.  
Hinchman, Clarence P. .... Geneva  
Schetgen, Joseph V. .... Geneva

### ALLEN COUNTY

#### Fort Wayne

##### A

Adams, E. Wade. .... 710 W. Wayne  
Aiken, Arthur F. .... 1923 E. State Blvd. (3)  
Aiken, Nevin E. .... 1923 E. State Blvd. (3)  
Arata, Justin E. .... 304 Medical Center Bldg. (2)

##### B

Bailey, Paul P. .... 206 Medical Center Bldg. (2)  
Ball, John R. .... Medical Center Bldg. (2)  
Ball, Margaret J. .... 1414 Park Ave.  
Baltes, Joseph H. .... 821 Broadway (2)  
Barch, John W. .... 402 W. Washington Blvd.  
Bash, Wallace E. .... 2318 Fairfield Ave. (6)  
Beams, Ralph H. .... 715 Medical Center Bldg. (2)  
Beierlein, Karl M. .... 334 Medical Center Bldg. (2)  
Benninghoff, Daniel R. .... 208 Medical Center Bldg. (2)

Bergendahl, Emil H. .... 629 Medical Center Bldg. (2)  
Berghoff, James R. .... 306 E. Jefferson St. (3)  
Berghoff, Raymond J. .... 306 E. Jefferson St. (3)  
Beutler, Theodore V. .... 527 W. Berry St.  
Bickel, John E. (S) .... 2615 S. Lafayette St. (2)  
Blichert, Peter A. .... 334 Medical Center Bldg. (2)  
Blosser, Howard V. (S) .... 1122 W. Washington Blvd. (2)

Bolman, Ralph M. .... 717 Broadway (2)  
Borders, Theodore R. .... 1147 S. Lafayette St. (2)  
Bowers, Gah T. .... 307 E. Jefferson St. (2)  
Bowers, Jesse W. (S) .... 418 Gettle Bldg.  
Bridges, William L. .... 520 Medical Center Bldg. (2)  
Bromley, L. W. .... 2730 E. State St.  
Brosius, Robert H. W. .... 1603 Wells St. (7)  
Brown, Frederic W. .... 2301 Fairfield Ave. (6)  
Bruggeman, Henry O. (S) .... 1202 Wash. Blvd. (2)  
Bryan, Franklin A. .... 402 W. Washington Blvd. (2)  
Buckner, Doster .... 533 W. Washington Blvd. (2)  
Buckner, George D. .... 533 W. Washington Blvd. (2)

##### C

Calvin, Jessie C. (S) .... 312 W. Wayne St. (2)  
Carey, Willis W. (S) .... 2525 S. Calhoun (5)  
Carlo, Ernest R. .... 2902 Fairfield Ave. (6)  
Cartwright, Emor L. .... 3718 Hiawatha Blvd.  
Chambers, Alan R. .... 601 W. Wayne St. (2)  
Clark, William R. .... 3622 S. Calhoun St. (6)  
Cochran, Harry A., Jr. .... 1301 S. Harrison St.  
Conley, John E. .... 620 W. Berry St. (2)  
Cooney, Charles J. .... 527 W. Berry St. (2)

Cornell, Beaumont S. .... 229 W. Berry St.  
Craig, Richard M. .... 3024 Fairfield Ave. (6)  
Culp, John E. .... 2902 Fairfield Ave. (6)

##### D

Dancer, Charles R. (S) .... 905 Columbia Ave. (3)  
Datzman, Richard C. .... 525 Medical Center Bldg. (2)  
Ditton, Irwin W. (S) .... 1214 E. Wayne St. (4)  
Duemling, Arnold H. .... Weyrick Bldg.  
Dunstone, Harry C. .... 502 Medical Center Bldg. (2)

##### E

Edlavitch, Baruch M. .... 716 Rockhill (2)  
Elston, Lynn W. .... 604 Medical Center Bldg. (2)  
Elston, Ralph W. .... 604 Medical Center Bldg. (2)  
Emenhiser, John L. .... 1411 Reed Rd.

##### F

Ferguson, Arthur N. .... 2902 Fairfield Ave. (6)  
Fichman, Abraham M. .... 323 W. Berry St. (2)  
Foy, Hayward W. .... 1747 Wells St.  
Frankhouser, Charles M. A. .... 520 Medical Center Bldg. (2)

##### G

Garton, Harry W. .... 1635 Broadway  
Gerding, William J. .... 2638½ S. Calhoun  
Gladstone, Naf H. .... 335 W. Berry St. (2)  
Glock, Homer E. (S) .... 324 Medical Center Bldg. (2)  
Glock, Maurice E. .... 312 W. Wayne St. (2)  
Glock, Wayne R. .... 2301 Fairfield Ave.  
Goebel, Carl W. .... 327 W. Creighton (6)  
Gould, Lyman K. .... 3415 Fairfield Ave. (6)  
Graham, George M. .... 1301 S. Harrison St.  
Greenlee, Robert L. .... 1110 W. Washington Blvd.  
Greist, Walter D. .... 3024 Fairfield Ave. (6)  
Griffith, Harold R. .... 520 Medical Center Bldg. (2)

##### H

Hackett, Walter G. .... 2701 S. Anthony  
Haffner, Herman G. .... 202 E. Jefferson St. (2)  
Haley, Alvin J. .... 533 W. Washington Blvd. (2)  
Haller, Richard C. .... 410 McKinnie  
Haller, Robert L. .... 604 W. Wayne St. (2)  
Hamilton, Emory D. .... 228 Medical Center Bldg. (2)  
Harshman, Louis P. .... Veterans Hospital  
Harvey, Harry C. .... 1202 E. State St. (3)  
Hasewinkle, August M. .... 1129 E. State St. (3)  
Hastings, Warren C. .... 111 Medical Center Bldg. (2)  
Hattendorf, Anton P. .... 725 Medical Center Bldg. (2)  
Havens, Russell E. .... 228 Medical Center Bldg. (2)  
Hershberger, Philip. .... 2301 Fairfield Ave.  
Hiatt, Russell L. .... Veterans Hospital (3)  
Hickman, Donald ..... 1834 Calhoun St.  
Higgins, Kenneth E. .... 2000 Taylor St.  
Hipskind, Richard E. .... 332 E. Pontiac  
Hoffman, Arthur F. .... 519 Medical Center Bldg. (2)  
Holsinger, Robert E. .... 115 Medical Center Bldg. (2)  
Horning, Richard R. .... 416 Medical Center Bldg. (2)  
Howe, Fordyce L. .... 1525 Oxford St.  
Humphreys, John L. .... 1301 S. Harrison St.

##### J

Jackson, John F. .... 519 Medical Center Bldg. (2)  
Johnston, Richard M. .... 519 Medical Center Bldg. (2)  
Jurgensen, Walter T. .... 3415 Fairfield Ave. (6)

##### K

Karol, Herbert J. .... 624 Medical Center Bldg. (2)  
Kaufman, Julian. .... 229 W. Berry St.  
Keck, Carleton A. .... 2902 Fairfield Ave. (6)  
Kent, Richard N. .... 731 Medical Center Bldg. (2)



Keyes, Robert C.....3714 S. Calhoun  
 Kidder, Orva T.....Irene Byron Hospital (8)  
 Kimbrough, Robert F.....2730 E. State St.  
 Kleifgen, William A. 617 W. Washington Blvd. (2)  
 Knight, Lewis W....310 Medical Center Bldg. (2)  
 Krueger, John E.....204 E. Suttentfield  
 Kruse, Edward H.....705 Lincoln Tower (2)  
 Kruse, Walter E.....512 Medical Center Bldg. (2)

## L

Ladig, Donald S.....221 Medical Center Bldg. (2)  
 Lampe, Elfred H.....2902 Fairfield Ave. (6)  
 Land, Francis L.....116 W. Rudisill Blvd.  
 Leming, Ben L.....2902 Fairfield Ave. (6)  
 Lenk, George G.....1805 E. Washington  
 Lloyd, Robert P.....717 Broadway  
 Lohman, Robert M.....4017 S. Wayne St.  
 Lorman, James G....520 Medical Center Bldg. (2)  
 Loudermilk, Jack L..520 Medical Center Bldg. (2)  
 Lyon, William C.....710 W. Wayne St.

## M

Mackel, Frederick O.....2301 Fairfield Ave.  
 Manning, George....111 Medical Center Bldg. (2)  
 Marshall, Caesar L.....438 E. Lewis St.  
 Mayes, Warren E.....116 W. Rudisill Blvd.  
 McArdle, Edward G.....2201 S. Calhoun St. (5)  
 McCallister, John W..424 Medical Center Bldg. (2)  
 McCoy, Roy R.....3701 S. Harrison St. (6)  
 McDowell, George A.215 Medical Center Bldg. (2)  
 McEachern, Cecil G.....2424 Fairfield Ave.  
 McFall, J. S. R.....1706 Sherman  
 McKeeman, Donald H.....633 W. Wayne St. (2)  
 McKeeman, Leland S.302 Medical Center Bldg. (2)  
 Mendenhall, Edgar..208 Medical Center Bldg. (2)  
 Mensch, James R.....2230 Alabama Ave.  
 Mercer, Samuel R....710 Medical Center Bldg. (2)  
 Meyer, Herman A.....1030 W. Wayne St. (2)  
 Meyer, Theodore O...228 Medical Center Bldg. (2)  
 Michaelis, Stephen C.....2154 Fairfield Ave. (6)  
 Miller, Edward D.....1117 E. State Blvd.  
 Miller, H. Paul.....2715 Broadway (6)  
 Miller, Mahlon F....222 Medical Center Bldg. (2)  
 Miller, Orval J.....324 W. Berry St. (2)  
 Miller, Richard H....511 Medical Center Bldg. (2)  
 Miller, Robert B....412 Medical Center Bldg. (2)  
 Miller, William J.....2902 Fairfield Ave. (6)  
 Moats, Carl F.....4007 S. Wayne St. (6)  
 Moats, George E.....615 E. Washington Blvd.  
 Moeller, Victor C.....2424 Fairfield Ave.  
 Moravec, Arthur E.....705 Lincoln Tower (2)  
 Mortenson, Leland J.214 Medical Center Bldg. (2)  
 Mueller, Lawrence W.  
     533 W. Washington Blvd. (2)  
 Murdock, Harvey L..521 Medical Center Bldg. (2)

## N-O

Nill, John H.....204 E. Suttentfield St.  
 Nolan, Gerald R.....1626 Oxford St.  
 O'Brian, John F.....1805 E. Washington Blvd.  
 O'Rourke, Carroll.....604 W. Berry St. (2)  
 Oyer, John H.....130 W. Creighton

## P

Painter, Donald S....222 Medical Center Bldg. (2)  
 Parker, Carey B.....1105 S. Harrison St.  
 Parrot, Donald J.....2021½ Sherman  
 Perrin, Kermit F.....2701 S. Anthony Blvd.  
 Perry, Frederic G.....2902 Fairfield Ave. (6)  
 Pickett, Merle E....228 Medical Center Bldg. (2)  
 Poncek, Edward.....3418 S. Hanna  
 Popp, Milton F.....610 Medical Center Bldg. (2)  
 Powell, M. Jack.....730 W. Berry St. (2)

## Q-R

Rabson, S. Milton.....730 W. Berry St. (2)  
 Rawles, Lyman T. (S)....3131 Fairfield Ave. (6)  
 Ray, Herbert A. (S)..402 Medical Center Bldg. (2)

Rice, Wilkie B. (S).....1101 E. Pontiac (5)  
 Rissing, Walter J.....229 W. Berry St. (2)  
 Rockey, Noah A.....1224 E. State (3)  
 Rodriguez, Juan.....2902 Fairfield Ave. (6)  
 Roser, Arthur J....617 W. Washington Blvd. (2)  
 Rossiter, Dudley L.....3629 S. Harrison  
 Rothberg, Maurice.....625 W. Berry St.  
 Rothschild, Charles J. (S)  
     319 Medical Center Bldg. (2)  
 Rousseau, John W....323 Medical Center Bldg. (2)

## S

Sahlmann, Hans.....1320 Broadway (2)  
 Salon, Harry W.....535 W. Berry (2)  
 Salon, Joel W.....604 W. Wayne St. (2)  
 Salon, Nathan L.....604 W. Wayne St. (2)  
 Sarver, Francis E....304 Medical Center Bldg. (2)  
 Savage, Arthur R.....302 W. Berry St. (2)  
 Saylor, Roger D....Parnell Ave. at Gerber Haus  
 Schellhouse, Earl M.....1240 W. Main St. (7)  
 Schlademan, Karl R.516 Medical Center Bldg. (2)  
 Schmidt, Eugene E..228 Medical Center Bldg. (2)  
 Schmoll, Robert J.....515 W. Wayne St. (2)  
 Schneider, Louis A.....730 W. Berry St. (2)  
 Schoen, Frederic L.....902 W. Wayne St. (2)  
 Scoins, William H.....1301 S. Harrison St. (2)  
 Scott, H. Vaughn.....2902 Fairfield Ave. (6)  
 Senseny, Eugene F.....2902 Fairfield Ave. (6)  
 Shaw, James E.....Penn Railroad Office  
 Sherwood, Clarence E....Irene Byron Hospital (8)  
 Sherwood, J. Vincent...Irene Byron Hospital (8)  
 Shinabery, Lawrence.....1850 Broadway (6)  
 Short, John T.....2902 Fairfield Ave. (6)  
 Singer, Elmer C.....825 Oakdale Dr.  
 Smith, Philip L.....2902 Fairfield Ave. (6)  
 Smith, Richard B....711 Medical Center Bldg. (2)  
 Smith, Roger C.....711 Medical Center Bldg. (2)  
 Snyderman, Sanford C.  
     629 Medical Center Bldg. (2)  
 Somers, Gerald H..2506 Lower Huntington Rd (6)  
 Spencer, C. Herbert..519 Medical Center Bldg. (2)  
 Stauffer, Richard C.....2730 E. State St.  
 Steigmeyer, David J.....1411 N. Anthony Blvd.  
 Stellner, Howard A.....324 W. Berry St.  
 Stier, Paul L.....721 Broadway  
 Sullivan, Robert E....102 Medical Center Bldg. (2)

## T

Taylor, Robert G.....2902 Fairfield Ave. (6)  
 Tennant, David L.....1832 S. Calhoun (6)  
 Terrill, Richard W.....455 Lincoln Tower (2)  
 Thimlar, James W.....602 E. Lewis (2)  
 Thompson, Holland....Irene Byron Hospital (8)  
 Thornton, Walter E. (S).....601 W. Oakdale Dr.

## V-W

Vogel, Lloyd A., Jr.....116 W. Rudisill  
 Walker, Floyd B.....3505 S. Monroe  
 Ward, Gerald F.....206 Medical Center Bldg. (2)  
 Ward, Paula B.....2014 Curdes Ave.  
 Warfield, Chester H.....730 W. Berry St. (2)  
 Weber, John R.....710 W. Wayne St. (2)  
 Welty, Scudder G.....2423 S. Calhoun St. (6)  
 Wilkins, Robert W.....2902 Fairfield Ave. (6)  
 Williams, A. Berneice..3526 N. Wshington Rd. (6)  
 Williams, Aubrey H.....2902 Fairfield Ave. (6)  
 Wilson, Leslie.....Veterans Hospital (3)  
 Wilson, Roland B.....1207 S. Lafayette (2)  
 Worley, Ansel C....317 Medical Center Bldg. (2)  
 Wright, William C...621 Medical Center Bldg. (2)  
 Wyatt, James L., III.....310 E. Washington St.  
 Wyatt, James L., II.....233 E. Jefferson (2)

## X-Y-Z

Zehr, Noah (S).....301 W. Creighton (6)  
 Zweig, Elmer S.....344 W. Berry St. (2)  
 Emme, Richard W.....Harlan  
 Cutshaw, James A.....Monroeville



Harless, Fred.....Monroeville  
 Dahling, Clemens W.....New Haven  
 Emenhiser, Donald C.....New Haven  
 Hoetzer, Eldore M.....New Haven  
 Stumpf, Edwin E.....New Haven  
 Wade, Reynolds W.....New Haven  
 Moser, Edward (S).....Woodburn

Baker, Robert E.  
     314 Dartmouth St., Boston 16, Mass.  
 Baumgartner, Jeraldine  
     Gateway House, Smith College, Northampton,  
     Mass.  
 Bichacoff, Billie D. . . . 244 E. Pearson, Chicago 11, Ill.  
 Draper, Merlin H.  
     59 Dolphin Dr., St. Petersburg, Fla. (6)  
 Havice, Jay F. . . . . Box 56, Lake Lure, N. Carolina  
 Keller, Foster C. . . . 253 Acton Rd., Columbus, Ohio  
 Prentiss, Nelson H. . . . V. A. Hospital, Oteen, N. C.

## BARTHOLOMEW-BROWN COUNTIES

### Columbus

Adler, David L. . . . . Bartholomew County Hospital  
 Beggs, Lowell F. . . . . 832 Washington St.  
 Belshaw, George . . . . . 2355 Central Ave.  
 Clay, Eleanor . . . . . 911 Washington St.  
 Davis, Marvin R. . . . . 2300 Washington St.  
 Echsner, Herman J. . . . . 1813 25th St.  
 Fisher, Walter S. . . . . 422 Ninth St.  
 Hart, Robert B. . . . . 712 Washington St.  
 Hawes, James K. (S) . . . . 725 Washington St.  
 Hawes, Marvin E. . . . . 407 Tenth St.  
 Henry, Alvin L. . . . . 621 Franklin St.  
 Huckle, Samuel T. Jr. . . . . 1301 Grand Ave.  
 Krueger, Robert B. . . . . 814 Washington St.  
 Macy, George W. . . . . 718 Washington St.  
 Marr, Griffith . . . . . 741 Washington St.  
 McCullough, Henry G. . . . . Old Indianapolis Rd.  
 Mohler, Floyd W. . . . . 726 Seventh St.  
 Norton, Harold J. . . . . 911 Washington St.  
 O'Bryan, Richard B. . . . . 326 16th St.  
 Overshiner, Lyman . . . . . 1001 N. Fifth St.  
 Reid, Robert M. . . . . 2225 Central Ave.  
 Ritteman, George W.

Bartholomew County Hospital  
 Rothring, Howard E. . . . . 2120 Washington St.  
 Ryan, William J. . . . . 911 Washington St.  
 Schmitt, Richard K. . . . . 423 Ninth St.  
 Sigmund, William B. . . . . 2355 Central Ave.  
 Smith, Don C. . . . . 911 Washington St.  
 Teal, Dorothy D. . . . . 728 Franklin St.  
 Walters, Richard E. . . . . Fifth and Union Sts.  
 Williams, Everett W. . . . . 2225 Central Ave.  
 Wissman, William L. . . . . 2225 Central Ave.  
 Wood, Elmer U. (S) . . . . . 2012 Washington St.  
 Yoder, Dewey D. . . . . 415½ Seventh St.  
 Zaring, Byron K. . . . . 718 Washington St.

Dudding, Joseph E. . . . . Hope  
 Schneider, Kenneth D. . . . . Nashville  
 Seibel, Robert . . . . . Nashville

## BENTON COUNTY

Coddens, Avery L. . . . . Earl Park  
 Altier, William H. . . . . Fowler  
 Miller, Dan T. . . . . Fowler  
 Turley, Verne L. . . . . Fowler  
 McCabe, James E. (S) . . . . Otterbein  
 Rutherford, Charles E. . . . . Otterbein  
 Scheurich, Virgil . . . . . Oxford

## BLACKFORD COUNTY

(See Delaware-Blackford)

## BOONE COUNTY

Riley, Frank H. (S) . . . . . Jamestown  
 Schaaf, Alvin D. . . . . Jamestown

## Lebanon

Beck, Herma A. (S) . . . . Boone County Bank Bldg.  
 Coons, John D. . . . . Boone County Bank Bldg.  
 Coons, Ritchie . . . . . 303 W. Washington St.  
 Grigsby, Hardin B. . . . . Boone County Bank Bldg.  
 Headley, Lloyd M. . . . . 1111 N. Lebanon St.  
 Honan, Paul R. . . . . 820 N. East St.  
 Kern, Clarence G. . . . . 110½ W. Washington St.  
 Lenox, Jack . . . . . 303 W. Washington St.  
 Porter, Jack . . . . . 209 W. North St.  
 Rainey, Everett A. (S) . . . . 912 N. Meridian St.  
 Weddle, Charles O. . . . . 905 N. Lebanon St.  
 Wiseheart, Robert H. . . . . 905 N. Lebanon St.

Bassett, Clancy (S) . . . . . Thorntown  
 Bassett, Margaret A. . . . . Thorntown  
 Gregg, Edwin E. . . . . Thorntown  
 Bailey, Lawrence S. . . . . Zionsville  
 Harvey, Ralph J. . . . . Zionsville  
 Lovett, Harvey D. . . . . Whitestown

## BROWN COUNTY

(See Bartholomew-Brown)

## CARROLL COUNTY

Van Kirk, John R. . . . . Burlington  
 Kennedy, Eva N. (S) . . . . . Camden  
 Lemon, Herbert K. (S) . . . . R. 1, Camden  
 Wise, Charles L. . . . . Camden

### Delphi

Byrne, John M. . . . . Union St.  
 Crampton, Charles C. (S) . . . . 115 E. Main St.  
 Petry, T. Neal . . . . . 111 E. Franklin St.  
 Seese, Robert M. . . . . 101 W. North St.  
 Wagoner, George W. . . . . Front & Union Sts.

Adams, Max R. . . . . Flora  
 McLaughlin, James R. . . . . Flora

## CASS COUNTY

Dutchess, C. Toney . . . . . Galveston

### Logansport

Adamski, Michael . . . . . 408 North St.  
 Bailey, Earl W. . . . . 212 Fifth St.  
 Ballard, Charles A (S) . . . . 325½ E. Market St.  
 Bradfield, John C. (S) . . . . 408 Market St.  
 Burnett, Paul C. . . . . Logansport State Hosp.  
 Chu, Johnson C. S. . . . . Logansport State Hosp.  
 Cobb, Clarence M. . . . . Memorial Hosp.  
 Davis, John C. . . . . Masonic Temple  
 Eckert, Russell A. . . . . 1101 Michigan Ave.  
 Fitzgerald, Brice E. . . . . 126 Fourth St.  
 Frierson, Bewley F. . . . . Logansport State Hosp.  
 Glendening, Richard L. . . . . 422 North St.  
 Hall, Bernard R. . . . . 415 North St.  
 Hedde, Eugene L. . . . . 211 S. Third St.  
 Hillis, Lowell J. . . . . 203 S. Third St.  
 Hochhalter, Marian . . . . . 86 9th St.  
 Hogle, Frank D. . . . . Logansport State Hosp.  
 Holloway, William A. (S) . . . . 201 S. Third St.  
 Jewell, Earl B. . . . . 3019 S. Pennsylvania St.  
 Jones, J. Carl . . . . . R. R. 3  
 Killian, E. Camille . . . . . 211 S. Third St.  
 King, Jay M. . . . . 201 S. Third St.  
 Maschmeyer, Robert H. . . . . Logansport State Hosp.  
 Mikan, V. Robert . . . . . 216 9th St.  
 Morrical, Russell J. . . . . 212 Fifth St.  
 Pfuete, Max . . . . . 408 North St.  
 Schenck, Foss (S) . . . . . Logansport State Hosp.  
 Shultz, Henry M. (S) . . . . . 412 Fourth St.  
 Southworth, John W. . . . . Logansport State Hosp.  
 Stanton, James J. (S) . . . . . 220 S. Sixth St.  
 Stewart, Milton B. (S) . . . . . 1515 Broadway  
 Terflinger, Fred W. (S) . . . . 2607 Broadway  
 Viney, Charles L. . . . . Masonic Temple



Wilson, Paul H. .... 422 North St.  
 Winter, Donald K. .... 422 North St.

Newcomb, William K. .... Royal Center  
 Travis, Mary F.  
 55 Chickasaw Ct., Corte Madera, Calif.

### CLARK COUNTY

Bottorff, David C. .... Charlestown  
 Hover, Galen ..... Charlestown  
 Goodman, Eli S. .... Charlestown  
 Lehman, Harold ..... Charlestown  
 Shina, Hessel ..... Charlestown  
 Mudd, Joseph P. .... Clarksville  
 Willner, Alan ..... Clarksville  
 Wolverton, George M. .... Clarksville  
 Carr, Joseph H. .... Henryville  
 Greene, William R. .... Henryville

#### Jeffersonville

Adair, Samuel L. .... 201 E. Market St.  
 Baldwin, John H. (S) .... 425 Meigs Ave.  
 Bizer, Mier A. .... 1206 Spring St.  
 Bruner, Ralph W. .... 437 Spring St.  
 Buehler, George M. .... 414 Wall St.  
 Carlberg, Dale L. .... 226 E. Maple  
 Carney, Joel T. .... 347 Spring St.  
 Carney, John D. .... 344 Spring St.  
 Clark, William B., Jr. .... 437 Spring St.  
 Dare, Lee A. .... 209 E. Maple St.  
 Forsee, Norman E. .... 437 Wall St.  
 Havens, A. Lyle ..... 432 Wall St.  
 Huoni, John S. .... Voight Bldg.  
 Isler, Nathaniel C. .... 519 Spring St.  
 Reeder, Henry H. .... 140 High St.  
 Roby, Alma L. .... 201 E. Market St.  
 Weems, Mallory P. .... 404 Spring St.  
 Witt, William R. .... Pfifer Bldg.

Regan, George L. .... Sellersburg  
 Sturgis, Donald G. .... Sellersburg  
 Vandeventer, Arthur C. .... Sellersburg

### CLAY COUNTY

#### Brazil

Maurer, J. Frank ..... 111 N. Walnut St.  
 Maurer, Robert M. .... 111 N. Walnut St.  
 McCormick, Wilbur C. .... R. R. 2  
 Mehne, Richard G. .... 1½ E. National Ave.  
 Palm, John M. .... Brazil Trust Bldg.  
 Shattuck, John C. .... 1½ E. National Ave.  
 Weaver, Timothy M. (S) .... Brazil Trust Bldg.  
 Webster, Robert K. .... Brazil Trust Bldg.  
 Wood, Opal L. .... 111 N. Walnut St.

Moon, Charles E. .... Center Point  
 Bond, Walter C. .... Clay City  
 Glosson, Jack R. .... Clay City  
 Muncie, Henry L. (S) .... Cloverland

### CLINTON COUNTY

Waits, Chester L. .... Colfax

#### Frankfort

Applegate, Albert E. .... 51 E. Walnut St.  
 Beardsley, Frank A. .... 51 S. Jackson St.  
 Burroughs, Carroll A. .... 59 S. Main St.  
 Carrel, Francis E. .... 214 Ross Bldg.  
 Dykhuizen, Theodore A. .... 59 S. Main St.  
 Erdel, Milton W. .... 2 E. White St.  
 Flora, Fred ..... 59 S. Main St.  
 Hammersley, George K. .... 361 E. Clinton St.  
 Hedgcock, Robert A. .... 259 E. Clinton St.  
 Holmes, Claude D. (S) .... 9½ W. Clinton St.  
 Holmes, John L. .... 555 E. Walnut St.  
 Kneidel, John H. .... Clinton County Hospital  
 Mather, Robert L. .... 4 E. White St.  
 Reed, John D. .... R. R. 4  
 Stout, Harry T. .... 361 E. Clinton St.  
 Van Kirk, John A. .... 204 W. Washington St.

Van Kirk, Paul P. .... 204 W. Washington St.  
 Work, Bruce A. .... 47½ S. Jackson St.

Bush, Charles E. .... Kirklin  
 Carlyle, Ivan E. (S) .... Michigantown  
 Lind, Jaap J. .... Mulberry  
 Grove, Robert H. .... Rossville  
 Ketcham, John S. .... Rossville  
 Weller, Ralph ..... Rossville  
 Tedford, John H. 4161st USAF Hosp., Tucson, Ariz.

### CRAWFORD COUNTY

(See Harrison-Crawford)

### DAVISS-MARTIN COUNTIES

Eifert, Elmer E. .... Alfordsville  
 Rohrer, James R. .... Elnora

#### Loogootee

Chattin, Robert E. .... 102 Wood  
 Gootee, Francis H. .... 206 W. Main St.  
 Lett, Emory B. .... 408 E. Main

Sears, Don ..... Odon  
 Coleman, Henry G. .... Odon  
 Gilkison, William L. (S) .... Shoals

#### Washington

Arthur, Nora M. (S) .... R. R. 4  
 Blazey, Arthur G. .... 7 E. Walnut St.  
 Chattin, Vance J. .... 514 E. Main St.  
 Farris, John J. .... 514 E. Main St.  
 Fox, C. Philip ..... 305 Peoples Bank Bldg.  
 Lindsay, Hamlin B. .... 511 E. Main St.  
 Lloyd, Claude A. .... 107 N. E. Second St.  
 McKittrick, Jack ..... Peoples Bank Bldg.  
 McNaughton, Lawrence M. .... 400 E. Hefron St.  
 Norton, Horace ..... 511 E. Hefron St.  
 Rang, Arthur A. .... 211 N.E. 9th St.  
 Rang, Robert H. .... 1312 Bedford Rd.  
 Ross, Glenn E. .... 217 N. E. Tenth St.  
 Schafer, William C. .... 1312 Bedford Rd.  
 Schroeder, Henry R. .... 101 N. E. First St.  
 Seat, Marshall H. .... Williams Bldg.  
 Smoot, Emory B. .... 507 E. Main St.

### DEARBORN-OHIO COUNTIES

#### Aurora

Baker, Leslie M. .... 223 Mechanic St.  
 Jackson, John K. .... 223 Mechanic St.  
 Olcott, Charles W. .... 203 Main St.  
 Treon, James F. (S) .... 505 Fifth St.

McNeely, Matthew J. .... Dillsboro  
 Elliott, John C. (S) .... Guilford

#### Lawrenceburg

Fagaly, William J. .... 238 Short St.  
 Houston, Fred D. .... 30 W. High St.  
 Pfeifer, James M. .... 319 Front St.  
 Streck, Francis A. .... 326 Walnut St.  
 Vail, George A. .... 28 Oakley Ave.

Fessler, Gordon S. .... Rising Sun

### DECATUR COUNTY

Tremain, Milton A. (S) .... Adams

#### Greensburg

Acher, Robert P. .... 221 E. Washington St.  
 Callaghan, Winship C. .... 304 Bates Bldg.  
 Dickson, Dale D. .... Bates Bldg.  
 Miller, James C. .... 205 Bates Bldg.  
 Morrison, James T. .... 207 N. Franklin  
 Overpeck, Charles ..... Murphy Bldg.  
 Sallee, William T. .... Bates Bldg.  
 Shaffer, William R. .... 214 N. Franklin  
 Walker, Louis ..... 215 N. Franklin

Harkcom, Harry E. .... St. Paul  
 Porter, Edward A. .... Westport  
 Porter, Robert A. .... Westport



**DE KALB COUNTY****Auburn**

Covell, Harry M. .... 127 W. Seventh St.  
 Geisinger, Lewis N. (S) ..... Auburn  
 Hines, Archie V. .... Auburn  
 Hines, John H. .... 403 S. Main St.  
 Hippensteel, Harland V. .... 208 W. Seventh St.  
 Irick, Robert L. .... Auburn  
 Nugen, Harold ..... 223 W. Seventh St.  
 Rogers, Evered E. .... 212 W. Sixth St.  
 Sanders, Jesse A. .... Auburn  
 Souder, Bonnell M. .... Auburn  
 Wills, Max. .... 127 W. Seventh St.

Hathaway, Clayton B. .... Butler  
 Weirich, Charles L. .... Butler

**Garrett**

Carpenter, Ramesh S. .... 514 S. Randolph  
 Jinnings, Loren E. .... 200 S. Randolph  
 Kantzer, Floyd B. .... 200 S. Randolph  
 Nason, Robert A. .... 123 E. King  
 Novy, Charles A. .... 200 S. Randolph  
 Reynolds, D. Monroe (S) ..... 600 E. King  
 Reynolds, Russell P. .... 215 S. Randolph

Coleman, Floyd B. .... Waterloo  
 Showalter, John P. .... Waterloo  
 Van Nest, Willard A. ....

501 Magnolia St., New Smyrna Beach, Fla.

**DELAWARE-BLACKFORD COUNTIES**

Brown, Stewart D. .... Albany  
 Puterbaugh, Karl E. .... Albany  
 Hurley, John R. .... Daleville  
 Tucker, Oral A. .... Daleville  
 Gillespy, Thurman ..... Eaton  
 Downard, Leland F. .... Gaston  
 Ko, Richard C. B. .... Gaston  
 Langsdon, Fred R. .... Gaston

**Hartford City**

Dodds, James U. .... 227 W. Main St.  
 Dudgeon, Charles A. .... 423 E. North St.  
 Jackson, Dean B. .... 401 W. Washington St.  
 Owsley, Guy A. .... 214 N. High St.  
 Parks, George ..... 302 N. High St.  
 Weldy, Bryce P. .... 227 W. Franklin St.  
 Werry, Leslie E. .... 218 W. Washington St.  
 Wierzalis, Edward F. .... Rural Loan Bldg.

Burns, Paul E. .... Montpelier  
 Douglas, William T. .... Montpelier

**Muncie**

Adams, Julia L. .... R. R. 6  
 Adams, William B. .... Ball Memorial Hosp.  
 Alvey, Charles R. .... 217 S. Cherry St.  
 Ball, Clay A. (S) ..... 303 W. Adams St.  
 Ball, Phillip ..... 420 W. Washington St.  
 Benken, Lawrence D. .... 1001 Tillotson  
 Beno, Thomas J. .... 420 W. Washington St.  
 Bergwall, Warren L. .... Tillotson Ave.  
 Bibler, Henry E. .... 311 W. Adams St.  
 Botkin, Charles (S) ..... 508 W. Jackson St.  
 Botkin, Clyde G. .... 508 W. Jackson St.  
 Botkin, Thomas ..... 415 N. Martin St.  
 Brown, Leland G. .... 206 S. High St.  
 Brown, Thomas M. .... 206 S. High St.  
 Burwell, Stanley W. .... 424 W. Jackson St.  
 Butterfield, Robert M. .... 315 W. Jackson St.  
 Clark, Robert M. .... 115 N. Cherry St.  
 Clauser, Eldo H. M. .... 315 S. Jefferson St.  
 Clevenger, Joseph H. .... 424 W. Jackson St.  
 Cochran, Robert B. .... 420 W. Washington St.  
 Covalt, Wendell E. .... 305 Western Reserve Bldg.  
 Cullison, John L. .... 1600 W. Jackson St.  
 Cure, Elmer T. .... 122 W. Jackson St.  
 Davis, Edgar C. .... 107 Plaza Bldg.  
 Deutsch, William ..... 309 Johnson Bldg.  
 Dunn, Ferrell W. (S) ..... 2210 Janney Ave.

Dunning, Thomas W. .... 2327 S. Madison  
 Fair, Herbert D. (S) ..... 201 Alameda Ave.  
 Funk, John W. .... 217 W. Charles St.  
 Galliher, Marjorie J. .... 115 S. Liberty St.  
 Garling, Luvern C. .... 420 W. Washington St.  
 Geckler, Charles E. .... 203 Western Reserve Bldg.  
 Gill, Thomas A. .... 808 W. Jackson St.  
 Greiber, Marvin F. .... 420 W. Washington St.  
 Gustafson, Milton ..... 808 W. Jackson St.  
 Hall, Orville A. .... 514 Wysor Bldg.  
 Hayes, Theodore R. .... 210 S. High St.  
 Heinrichs, Harry H. (S) ..... 214 Cromer St.  
 Henderson, Ramon A. .... 806 W. Main St.  
 High, Ralph L. .... 420 W. Washington St.  
 Hill, Howard E. .... 402 W. Jackson St.  
 Hostetter, Irwin S. .... 115 N. Cherry St.  
 Hurley, Anson G. .... 1111 W. Jackson St.  
 Imhof, Joseph D. .... 206 Western Reserve Bldg.  
 Kammer, Walter F. .... 420 W. Washington St.  
 Kern, Charles B. (S) ..... 31 Mann  
 Kirshman, Forrest E. .... 211 S. High St.  
 Koss, K. William ..... Ball Memorial Hosp.  
 LaDuron, Jules F. .... 615 S. Liberty St.  
 McClintock, James A. .... 316 W. Adams St.  
 McCoy, George E. .... 806 W. Jackson St.  
 McDowell, Fletcher W. .... 315 S. Jefferson St.  
 Mathewson, Russell C. .... 420 W. Washington St.  
 Molloy, William J. (S) ..... 619 E. Charles St.  
 Montgomery, Lall G. .... Ball Memorial Hosp.  
 Moore, Jack C. .... Ball Memorial Hosp.  
 Moore, John M. .... Ball Memorial Hosp.  
 Moore, Thomas C. .... 100 N. Cherry St.  
 Moore, Will C. .... 110 N. Cherry St.  
 Morris, Jean W. .... 247 Johnson Bldg.  
 Nelson, Harold E. .... 424 W. Jackson St.  
 Owens, Richard R. .... 406 Western Reserve Bldg.  
 Owens, Thomas R. .... 202 Western Reserve Bldg.  
 Peacock, Robert C. .... 124 S. High St.  
 Pippenger, Wayne G. .... Ball State Teachers College  
 Quick, William J. .... 314 E. Washington St.  
 Rathkey, Arthur S. .... 420 W. Washington St.  
 Rettig, Arthur C. .... 314 W. Jackson St.  
 Rivers, Glynn A. .... 625 W. Adams St.  
 Robinson, H. Thomas ..... 420 W. Washington St.  
 Saperstein, Morris ..... 2327 S. Madison  
 Schulhof, Maurice G. .... 420 W. Washington St.  
 Smith, James S. .... 501 Kirby  
 Stanley, John R. .... 310 W. Jackson St.  
 Starks, William O. .... 420 W. Washington St.  
 Steele, Frank M. .... 3013 Devon Rd.  
 Stibbins, Warren E. .... 2210 Janney Ave.  
 Stocking, Bruce W. .... Ball Memorial Hosp.  
 Stout, Francis E. .... 2423 W. Jackson St.  
 Taylor, Donald R. .... Ball Memorial Hosp.  
 Taylor, James A. .... Delco Remy Plant  
 Tindal, Edward F. (S) ..... 214 Wysor Bldg.  
 Tomlin, Hugh M. .... 420 W. Washington St.  
 Turner, Robert D. .... 217 S. Liberty St.  
 Venis, Kemper N. .... 108 N. Liberty St.  
 Walker, Jack M. .... 412 White River Blvd.  
 Young, Gerald S. .... 316 W. Jackson St.

Jump, Charles A. (S) ..... Selma  
 Hill, Robert E. .... Yorktown  
 Moss, Mavor J. .... Yorktown  
 Deardorff, Oliver M. (S) .....  
 1120 N. E. 2nd St., Ft. Lauderdale, Fla.

**DUBOIS COUNTY**

Backer, Henry G. .... Ferdinand  
 Bogmenko, Leon T. .... Holland

**Huntingburg**

Amini, Sohrab ..... 621 Fourth St.  
 Bretz, John M. .... 302 Fourth St.  
 Heaton, Elton ..... 215 Walnut St.  
 Scales, Alfred B. .... 532 Fourth St.  
 Steinkamp, Emil F. (S) ..... 302 Walnut St.  
 Stork, Harvey K. .... 532 Fourth St.  
 Williams, Fielding P. .... 215 W. Walnut St.



**Jasper**

Blessinger, Paul J. .... 325 E. Sixth St.  
 Gootee, Thomas H. .... 101-4 Central Bldg.  
 Heck, Martin C. .... 801 Newton  
 Held, George A. .... 716 W. Ninth St.  
 Klamer, Charles H. .... Metzger Bldg.  
 Lukemeyer, St. John. .... 109 W. 12th St.  
 Ploetner, Edward J. .... Sixth & Newton Sts.  
 Salb, John P. .... Jasper  
 Salb, Leo A. .... 301 E. Sixth St.  
 Wagner, Arthur L. .... 801 Newton St.  
 Beaven, John B.  
 St. Joseph's Infirmary, Louisville, Ky.  
 Greenburg, Rolland. .... Great Lakes, Ill.

**ELKHART COUNTY**

Horswell, Richard G. .... Bristol  
 Neidballa, Edward G. .... Bristol

**Elkhart**

Arlook, Theodore D. .... 912 W. Franklin St.  
 Bender, Robert L. .... 411 S. Third St.  
 Benson, James E. .... 405 S. Second St.  
 Billings, Elmer R. .... 405 S. Third St.  
 Bloom, George R. .... 506 S. Second St.  
 Bolin, Robert S. .... 209 S. Second St.  
 Bowdoin, George E. .... 515 S. Second St.  
 Campbell, Patrick B. .... 605 Oakland Ave.  
 Compton, Walter A. .... 1127 Myrtle St.  
 Conklin, Raymond L. .... 323 E. Crawford  
 Cormican, Herbert L. .... 316 S. Fourth St.  
 Crandall, Latham A. .... Miles-Ames Laboratory  
 DeDario, Leonard M. .... 123 W. Marion St.  
 Dovey, Edward G. .... 405 S. Second St.  
 Elliott, Lloyd A. .... 405 S. Second St.  
 Elliott, Thomas A. .... 405 S. Second St.  
 Fleming, Claude F. (S) .... 217 W. Jefferson St.  
 Futterknecht, James O. .... 405 S. Second St.  
 Gattman, George B. .... 427 S. Second St.  
 Graber, Virgil R. .... 413 W. Franklin St.  
 Heminway, Norman L. .... Miles-Ames Laboratory  
 Hull, Arthur W. .... 221 Jefferson  
 Ivy, John H. .... 405 S. Second St.  
 Keating, John U. .... 215½ W. Lexington  
 Kintner, Burton E. .... 506 S. Second St.  
 Kistner, Arthur W. .... 400 Equity Bldg.  
 Koehler, Elmer G. .... 416 W. Lexington Ave.  
 Leasure, Kenneth ..... 1000 W. Marion St.  
 Logan, Richard S. .... 605 Oakland Ave.  
 Lundt, Milo O. .... 521 S. Second St.  
 Markel, Ivan J. .... 215 W. Franklin St.  
 McArt, Bruce A. .... 123 W. Marion St.  
 Martin, Paul H. .... 202 Harrison St.  
 Mendez, Carlos ..... 116 W. Marion St.  
 Middleton, Ramona J. .... 209 S. Second St.  
 Miller, Galen R. .... 903 W. Franklin St.  
 Miller, Hugh A. .... 115 S. Third St.  
 Miller, Samuel T. .... 506 S. Second St.  
 Mininger, Edward P. .... 413 W. Franklin St.  
 Mishkin, Irving ..... 209 S. Second St.  
 Norris, Allen A. (S) .... 401 W. Marion St.  
 Paff, William A. .... 515 S. Second St.  
 Paine, George E. .... 329 Meisner Ave.  
 Pancost, Vernon K. .... 200 Equity Bldg.  
 Parshall, Dale B. .... 133 W. Lusher Ave.  
 Patrick, Glenn B. .... 427 S. Second St.  
 Rouen, Robert ..... 114 Monger Bldg.  
 Rupe, Lloyd O. .... 209 Equity Bldg.  
 Schlosser, Herbert C. .... 116 W. Marion St.  
 Sears, Murray M. (S) .... 304 Equity Bldg.  
 Sobol, Z. W. .... 405 S. Second St.  
 Spray, Page E. .... 316 Fourth St.  
 Stauffer, Walter A. (S) .... 701 Strong Ave.  
 Stout, Richard B. .... 1501 Greenleaf Blvd.  
 Stubbins, William M. .... 412 S. Second St.  
 Swank, L. Forrest ..... 315 Equity Bldg.  
 Swihart, Homer R. .... 124 W. Marion St.  
 Swihart, Leonard F. .... 214 W. Marion St.

Wilson, Orley E. .... 217 N. Main St.  
 Work, James A., Jr. .... 133 Monger Bldg.  
 Yoder, C. Richard ..... 603 Oakland

**Goshen**

Amstutz, Henry C. .... 112 W. High Park  
 Bartholomew, Mary L. .... 317 E. Lincoln  
 Bender, Cecil K. .... 320 S. Fifth St.  
 Bigler, Frederick W. .... 314 S. Fifth St.  
 Bosler, Howard A. .... Waterford Mills, mail Goshen  
 Bowser, Philip G. .... 107 S. Fifth St.  
 Chandler, Leon H. .... Shoots Bldg.  
 Freeman, Floyd M. .... 109 W. Washington St.  
 Hostetler, Carl M. .... 304 E. Lincoln  
 Martin, Floyd S. .... 127 E. Lincoln  
 Quilty, Thomas J. .... 112 E. Madison St.  
 Simmons, Lloyd H. .... 208 E. Lincoln  
 Troyer, Dana ..... 107 S. Fifth St.  
 Turner, John P. .... 115 E. Washington St.  
 Wagner, David G. .... 307 S. Seventh St.  
 Westfall, George S. .... 214 E. Lincoln  
 Yoder, Albert C. (S) .... 113 S. Fifth St.  
 Young, Ralph H. .... 113 E. Madison

Massanari, Walter ..... Millersburg  
 Miller, Donald G. .... Middlebury  
 Teters, Melvin S. .... Middlebury

**Nappanee**

Fleetwood, Raymond A. .... 357 N. Nappanee  
 Kendall, Forest M. .... 252 W. Market St.  
 Price, Douglas W. .... 162 E. Market St.  
 Roose, Lisle W. .... 357 N. Nappanee  
 Slabaugh, Jancy S. (S) .... 111 N. Main St.

De Fries, John J. .... New Paris  
 Amick, Charles L. .... Wakarusa  
 Hannah, Jack W. .... Wakarusa  
 Todd, David D.

5835 Beaumont Ave., La Jolla, Calif.

**FAYETTE-FRANKLIN COUNTIES****Brookville**

Foreman, Walter A. .... Brookville  
 Peters, Elmer E. .... 830 Main St.  
 Seal, Perry F. .... 901 N. Main St.  
 Smith, Herbert N. .... 812 Main St.  
 Truman, E. Michael ..... 814 Main St.

**Connersville**

Cavitt, Robert F. .... 930 Central Ave.  
 Dale, Maxwell H. .... 818 Grand  
 Ellis, George M., Jr. .... 108 E. 10th St.  
 Entner, Charles L. .... 716 Grand Ave.  
 Fruth, Rodney B. .... 634 Eastern Ave.  
 Fruth, Virgil J. .... 634 Eastern Ave.  
 Gregg, Albert F. .... 124 E. Sixth St.  
 Hudson, Arlington M. .... 20th at Indiana  
 Kemp, William A. .... 122 W. Seventh St.  
 Kerrigan, William F. .... 718 Central Ave.  
 Lockhart, Jack M. .... 520 Eastern Ave.  
 Mountain, Francis B. .... 930 Central Ave.  
 Neukamp, Frank H. .... 621 Central Ave.  
 Sanders, Bertram W. .... 634 Eastern Ave.  
 Smelser, Herman W. .... 823 Central Ave.  
 Steinem, Joseph L. .... 812 Grand Ave.  
 Watterson, Gerald T. .... 1910 Virginia Ave.

Poston, Clement L. .... R. R. 2, Laurel

**FLOYD COUNTY**

Engleman, Harry K. (S) .... Georgetown

**New Albany**

Allen, Frederick K. .... 1207 E. Spring St.  
 Baker, Avey M. .... 811 E. Spring St.  
 Baker, John R. .... 2523 Glenwood Court  
 Baxter, James W. .... 1201 E. Spring St.  
 Baxter, Samuel M. .... 1201 E. Spring St.  
 Briscoe, Clarence E. (S) .... 1413 E. Spring St.



Brown, Kenneth H. .... 410 E. Spring St.  
 Byrn, Howard W. .... 415 Elsby Bldg.  
 Cannon, Daniel H. .... 1203 E. Spring St.  
 Davis, Parvin M. .... 601 E. Spring St.  
 Edwards, William F. .... Floyd County Bank Bldg.  
 Garner, William H. .... 919 E. Spring St.  
 Gentile, John P. .... 101 Adams St.  
 Geyer, Joseph. .... Silvercrest Sanitarium  
 Harris, Robert W. .... 602 E. Spring St.  
 Hauss, Augustus P. .... 212 Elsby Bldg.  
 Hess, Paul P. .... Floyd Co. Bank Bldg.  
 Higgins, John R. .... 700 E. Spring St.  
 LaFollette, Donald ..... 500 E. Spring St.  
 LaFollette, Robert E. .... 500 E. Spring St.  
 McCullough, James Y. .... 624 E. Spring St.  
 Paris, John M. .... 602 E. Spring St.  
 Pierce, Gene S. .... R. R. 21  
 Robertson, Addis N. .... 820 E. Spring St.  
 Ruoff, William. .... 1911 Elm St.  
 Sloan, Herbert P. .... 1207 E. Spring St.  
 Sonne, Irvin S., Jr. .... 703 E. Spring St.  
 Streepey, Jefferson I. .... 1102 E. Spring St.  
 Tyler, Frank T. (S) .... Hausfeldt Lane  
 Voyles, Harry E. .... 213 Elsby Bldg.  
 Wallace, Elmer L. .... 1516 State St.  
 Weaver, William W. .... 1104 E. Spring St.  
 Wohlfeld, Gerald. .... Silvercrest Sanitarium  
 Wolfe, Nelson. .... 1117 E. Spring St.  
 Worley, Henry L. .... 1104 E. Spring St.  
 Garner, William, Jr.  
 1st USAF Hosp., Selfridge AFB, Michigan

## FOUNTAIN-WARREN COUNTIES

### Attica

Fisher, John E. .... Masonic Bldg.  
 Maris, Lee J. .... 201 Brady  
 Petrich, Peter R. .... 401 S. Perry St.  
 Raymundo, Vivencio F. .... 401 S. Perry St.

Hoffman, Max N. .... Covington  
 Humphrey, Edward M.

### Olin Mathieson Corp., Covington

Stephens, Lowell R. .... Covington  
 Suzuki, Tsutomu T. .... Covington  
 Priebe, Fred H. .... Hillsboro  
 Smith, Byron J. .... Kingman  
 McCord, Carl B. .... Veedersburg  
 Person, Theodore C. .... Veedersburg  
 Rusk, Hubert M. .... Wallace  
 Nelson, Carl A. .... West Lebanon  
 Crain, James W. .... Williamsport  
 Spinning, A. L. (S)  
 1563 S. Palm Canyon, Palm Springs, Calif.

## FULTON COUNTY

Herrick, Charles L. .... Akron  
 Miller, Virgil C. .... Akron  
 Dielman, Franklin C. (S) .... Fulton  
 Kelsey, Lawrence E. .... Kewanna  
 Kraning, Kenneth K. .... Kewanna

### Rochester

Glackman, John C. (S) .... 912 Main St.  
 Herendeen, Elbie V. .... 120 W. Ninth St.  
 Johnson, Frank P. .... 817 E. 9th St.  
 Richardson, Charles L. .... 121 W. Eighth St.  
 Rowe, Howard H. .... 705 Jefferson St.  
 Stinson, Dean K. .... 816 Main St.

## GIBSON COUNTY

Geick, Raymond G. .... Fort Branch  
 Hollis, Walter H. .... Fort Branch  
 Marchand, Edwin V. .... Haubstadt  
 Petitjean, Harold G. .... Haubstadt  
 Dye, William E. .... Oakland City  
 Ropp, Eldon R. .... Oakland City  
 Wood, Russell W. .... Oakland City  
 Geller, Samuel. .... Owensville

## Princeton

Brazelton, Osborne T. .... 222 E. Clark  
 Carpentier, Harry F. .... 105 E. Broadway  
 Folck, John K. .... 115 N. Prince St.  
 Graves, Orville M. .... 117 S. Hart St.  
 McCarty, Virgil. .... 113 S. Main St.  
 McElroy, Robert S. .... 116 S. Main St.  
 Peck, James F. .... 218 Broadway  
 Strickland, Karl S. (S) .... 230 W. Broadway  
 Weitzel, Roland. .... 112 S. Hart St.

## GRANT COUNTY

Grant, M. Arthur. .... Fairmount  
 Yale, Charles A. .... Fairmount  
 Garrison, Leon J. .... Gas City  
 Koontz, William A. .... Gas City  
 Baskett, Russell J. .... Jonesboro

## Marion

Abell, Charles F. .... 321 Marion Nat'l Bank Bldg.  
 Alderfer, Henry. .... 131 N. Washington St.  
 Ayres, Wendell W. .... 303 Glass Block  
 Bailey, Donald E. .... 107 E. 31st St.  
 Bailey, Douglas A. .... 107 E. 31st St.  
 Bloom, Asa W. .... 724 W. Third St.  
 Boyer, Grace B. .... 605 Locust St.  
 Braunlin, Robert F. .... 711 Marion Nat'l Bank Bldg.  
 Braunlin, William H. (S)

### 709-15 Marion Nat'l Bank Bldg.

Brown, Robert M. .... 520 Marion Nat'l Bank Bldg.  
 Comeau, William J. .... Marion General Hosp.  
 Cunningham, Robert D. .... 510 Glass Block  
 Daniels, Erle O. (S) .... 708 Marion Nat'l Bank Bldg.  
 Daniels, George R. (S) .... 324 Glass Block  
 Davis, Joseph B. .... 131 N. Washington St.  
 Davis, Merrill S. .... 131 N. Washington St.  
 Davis, Richard. .... 131 N. Washington St.  
 Diamond, Leo L. .... 413 Marion Nat'l Bank Bldg.  
 Fisher, Henry. .... 1502 S. Washington St.  
 Ganz, Max. .... 930 S. Adams  
 Goldsmith, David A. .... Fisher Body Plant  
 Gustafson, Carl J. .... Veterans Hospital  
 Hummel, Russel M. .... 317 Marion Nat'l Bank Bldg.  
 Jarrett, John C. .... 131 N. Washington St.  
 Lahr, Richard E. .... 1121 W. Third St.  
 Lavengood, Russell W. .... 225 Glass Block  
 Long, Max R. .... 803 S. Boots St.  
 Lonngren, Dudley H. .... 131 N. Washington St.  
 Love, V. Logan. .... 131 N. Washington St.  
 MacNamee, D. Hugh. .... 131 N. Washington St.  
 Miller, H. Allison. .... 320 Glass Block  
 Nowak, Henry J. .... Veterans Hospital  
 Pattison, John D. .... 131 N. Washington St.  
 Powell, J. Paxton. .... 501 Glass Block  
 Price, Ambrose M. .... 309½ Adams St.  
 Renbarger, Lester L. .... 1531 W. Second  
 Rhamy, Arthur P. .... 506 Glass Block  
 Rhorer, John G. .... 201 S. D St.  
 Schroeder, Robert W. .... 317 N. Western Ave.  
 Simmons, Frederick H. .... 525 Glass Block  
 Skomp, Claud E. .... 302 Marion Nat'l Bank Bldg.  
 Smith, Richard. .... 131 N. Washington St.  
 Snowwhite, Arthur B. .... 311 Glass Block  
 Thompson, B. Jay. .... Marion General Hosp.  
 Sthair, Phillip L. .... 506 Glass Block  
 Warren, Carroll B. .... 511 Glass Block  
 Weinberg, Samuel. .... 104 W. Third St.  
 Wojcik, Ladislav D. .... 131 N. Washington St.  
 Woodbury, John W. .... 131 N. Washington St.  
 Young, Robert G. .... 2927 S. Washington St.

Taylor, Everett C. .... Upland  
 Rifner, Eugene S. .... Van Buren

## GREENE COUNTY

### Bloomfield

Graf, Jerome A. .... Bloomfield  
 Mount, Mathias S. .... 55 N. Franklin St.  
 Turner, Harold B. .... 8 East Main St.



Turner, Jack J.	8 East Main St.
Van Sandt, Frank A. (S)	110½ E. Main St.
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Sosa, Carlos M. A.	U. S. Naval Depot, Crane
Porter, Carl M.	Jasonville
Rotman, Harry G.	Jasonville
Rotman, Sam I.	Jasonville
Bailey, Edwin B.	Linton
Broshears, Kenneth P.	Linton
Craft, William F.	Linton
Raney, Ben B.	Linton
Tomak, Milton E.	Linton
Woner, John W.	Linton
Hamilton, M. Luther (S)	Newberry
Fender, Asa H.	Worthington
Moses, George E.	Worthington
Moses, Robert E.	Worthington

**HAMILTON COUNTY**

Karlick, Joseph	Arcadia
McDaniel, Franklin P. (S)	Atlanta
Donahue, Claude M.	Carmel
Snyder, Parker M.	R. R. 2, Box 271, Carmel
Thomas, Clayton W.	Carmel
Havens, Oscar	Cicero

**Noblesville**

Ambrose, Jesse C.	298 N. Ninth Street
Campbell, Sam W.	952 Maple St.
Harris, Robert F.	120 N. 11th St.
Hash, John S.	139 S. 10th St.
Kraft, Haldon C.	195 S. 10th St.
Lanning, R. Adrian	10th and North Dr.
Lloyd, Joe R.	148 N. 9th St.
Shanks, Ray W.	104 S. 10th St.
Shonk, Harold W.	1084 Clinton St.
Southard, Carl B.	55 S. 16th St.

Griffith, James W.	Sheridan
Newby, Eugene	Sheridan
Reck, John L. (S)	Sheridan
Connoy, Andrew F.	Westfield
Connoy, Leo F.	Westfield

**HANCOCK COUNTY**

Scott, Robert S.	Charlottesville
Ferrell, Mars B.	Fortville
Manifold, Harold W.	Fortville
Navin, Hugh K.	Fortville

**Greenfield**

Endicott, Wayne	940 N. State St.
Farrell, John J., Jr.	1001 N. State St.
Gibbs, Charles M. (S)	203 E. North St.
Gill, Dee D.	1001 N. State St.
Henn, R. Anthony	211 W. Main St.
Hunter, Donn	940 North State St.
Kinneman, Robert E.	114 N. State St.
Kirby, Ted C.	114 N. State St.
Smith, John H.	744 N. State St.
Vingis, Bronie	746 N. State St.
Woods, James R., Jr	11 N. State St.

Larrabee, William H. (S)	New Palestine
Pierson, Thomas A.	New Palestine
Kuhn, Robert W.	Wilkinson
Titus, Charles R. (S)	Wilkinson

**HARRISON-CRAWFORD COUNTIES**

Amy, William E. (S)	Corydon
Blessinger, Louis H.	Corydon
Brockman, Wilfred	Corydon
Dillman, Carl E.	Corydon
Dukes, David J.	Corydon
Baker, Guy D.	Crandall
Gobbel, Novy E.	English
Seipel, Stanley	Lanesville
Benz, Jesse	Marengo
Lynch, Otis R.	Marengo
Mathys, Alfred (S)	Mauckport

Neely, Alonzo S. (S)	New Middletown
Johnson, Jerome M	Palmyra
Martin, Samuel W.	104 Lilly St., Beckley, W. Va.

**HENDRICKS COUNTY**

Foltz, Lloyd E.	Brownsburg
Scudder, Arthur N.	Brownsburg
Ellett, John, Jr.	Coatesville

**Danville**

Haggard, David B.	25 W. Marion St.
Hibner, Kermit	25 W. Marion St.
Koch, Elmer L.	18 E. Marion St.
Staff, Robert A.	R. R. 1
Southard, James E.	138 W. Marion St.
Terry, Lloyd	138 W. Marion St.

Ellis, Lyman H.	Lizton
Scamahorn, Malcolm O.	Pittsboro
Scamahorn, Oscar T.	Pittsboro

**Plainfield**

Aiken, Milo M.	140 N. Center St.
Cohen, Irving	115 E. Main St.
Stafford, James C. (S)	107 W. Main St.
Stafford, William C.	107 W. Main St.
Frantz, Mount E.	

3530th USAF Hosp., Bryan AFB, Texas

**HENRY COUNTY**

McNabb, Richard C.	Knightstown
Wiatt, Leonard	Knightstown
Scheetz, Marion R.	Lewisville
Arford, Roxford D.	Middletown
Dragoo, Farrol	Middletown
Hammer, Jay W.	Middletown
Stauffer, George E.	Mooreland
Marshall, Lloyd C.	Mt. Summit

**New Castle**

Amos, Robert L.	1219½ Race St.
Bitler, Clyde C.	1319 Church St.
Bledsoe, James G.	319 S. 14th St.
Burnett, Arthur B.	106 N. Main St.
Canaday, Clifford E. (S)	1411 Church St.
Craig, Alexander F.	M R 13, Crescent Dr.
Davies, Robert	1319 Church St.
Fisher, John E.	409 Burr Bldg.
Foster, Ray T.	1215 Race St.
Grant, Phyllis	Epileptic Village
Harrison, Benjamin L.	118 Jennings Bldg.
Heilman, William C.	1319 Church St.
Heilman, William C., Jr.	1319 Church St.
Hill, Kenneth G.	1319 Church St.
Iterman, George E.	1319 Church St.
Kennedy, Walter U.	208 Union Block
Life, Homer L.	101 S. 11th St.
Lowery, George E.	Epileptic Village
McDonald, Frank C.	527 S. Main St.
McElroy, James S.	1319 Church St.
McKee, Roy G.	319 S. 14th St.
Mosier, Jack M.	Epileptic Village
Saint, William K.	1219½ Race St.
Stout, Walter M.	1319 Church St.
Thorne, Charles E.	200 N. 12th St.
Tully, John A. (S)	502 S. Main St.
Vivian, Donald E.	Henry County Hospital
Wiggins, Dulania S. (S)	219 S. 12th St.

Robertson, William S.	Spiceland
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**HOWARD COUNTY**

Denton, Larkin D.	Greentown
Shoup, Homer B.	Greentown

**Kokomo**

Alward, John H.	401 W. Walnut St.
Ault, Carl H.	421 W. North St.
Boughman, Joe D.	2008 W. Sycamore
Bowers, Copeland C.	210 W. Mulberry St.



Bowers, Garvey B. . . . . 210 W. Mulberry St.  
 Bowers, John A. . . . . 210 W. Mulberry St.  
 Bruegge, Theodore J. 630 Armstrong-Landon Bldg.  
 Cattell, Lee M. . . . . 214 E. Mulberry St.  
 Clarke, Elton R. . . . . 304 W. Taylor St.  
 Conley, Thomas M. . . . . 520 Union Bank Bldg.  
 Craig, Reuben A. . . . . 608 Armstrong-Landon Bldg.  
 Craig, Reuben . . . . . 610 Armstrong-Landon Bldg.  
 Crawford, Theodore R. . . . . 416 W. Sycamore St.  
 Earl, Max M. . . . . 409 W. Taylor St.  
 Ferry, Paul W. . . . . 406 Union Bank Bldg.  
 Frazier, Jack L. . . . . 117 W. Markland  
 Golper, Marvin N. . . . . 1907 W. Sycamore St.  
 Good, Richard P. . . . . 308 Armstrong-Landon Bldg.  
 Halfast, Richard W. . . . . 214 E. Mulberry St.  
 Hoyt, John M. . . . . 1017 S. Delphos  
 Hutto, William H. . . . . 215 W. Superior St.  
 Jewell, George M. . . . . 508 Armstrong-Landon Bldg.  
 Knepple, LaMarr R. (S) . . . . . 534 W. Sycamore St.  
 Kremers, George A. . . . . 522 Armstrong-Landon Bldg.  
 McClure, Warren N. . . . . 407 W. Taylor St.  
 McIndoo, Ralph E. . . . . 313 W. Taylor St.  
 Meiner, Joseph A. (S) . . . . . 924 S. Washington St.  
 Mendelson, Stanley M. . . . . 117 W. Markland  
 Morrison, William R. . . . . 504 Union Bank Bldg.  
 Murray, Ernest C. . . . . 501 N. Washington St.  
 Paris, Durward W. . . . . 614 Armstrong-Landon Bldg.  
 Phares, Robert W. . . . . 905 W. Mulberry St.  
 Prather, Philip E. . . . . 117 W. Markland  
 Ramey, John W. . . . . 107½ S. Union St.  
 Rhorer, Herbert M. . . . . 210 W. Mulberry St.  
 Rudicel, Max. . . . . 1907 W. Sycamore St.  
 Schwartz, Frederick C. . . . . 2016 W. Sycamore  
 Shenk, Earl M. . . . . 208½ N. Main St.  
 Smith, Gloster J. . . . . 105½ E. Sycamore St.  
 Sorenson, Raymond. 522 Armstrong-Landon Bldg.  
 Spangler, Jesse S. . . . . 215 E. Taylor St.  
 Taraba, Ralph W. . . . . Delco Radio Div.  
 Trimble, John G. . . . . 116 S. Buckeye St.  
 Wachob, Tom W., Jr. . . . . 516 Armstrong-Landon Bldg.

Fosgate, Orville E. . . . . Russiaville

## HUNTINGTON COUNTY

### Huntington

Brubaker, Harold S. . . . . 42 W. Park Dr.  
 Casey, Stanley M. . . . . 408 E. Market St.  
 Clunie, William A. . . . . 323 W. Park Dr.  
 Cope, Stanton E. . . . . 1022 N. Jefferson St.  
 Erehart, Mark G. . . . . 232 W. Market St.  
 Eviston, John B. . . . . 34 E. Washington St.  
 Galbreath, Russell S. . . . . 16 W. Washington St.  
 Gray, Paul M. . . . . 340 E. Market St.  
 Grayston, Wallace S. (S) . . . . . 303 E. Market St.  
 James, Thomas, Jr. . . . . 202 U. B. Publishing Bldg.  
 Johnston, Robert G. . . . . 339 E. Market St.  
 Marks, Howard H. . . . . 248 W. Park Dr.  
 Meiser, Robert D. . . . . 612 N. Jefferson St.  
 Mitman, Floyd B. . . . . 210 W. Park Dr.  
 Nie, Grover M. . . . . 650 Cherry St.  
 Omstead, Trevalyn W. . . . . 231 Vine St.  
 Plasterer, Edward D. . . . . 354 E. Washington St.  
 Thompson, Frank M. . . . . 818 W. Park Dr.  
 Wagner, Richard. . . . . 1355 Guilford

Woods, Halden C. . . . . Markle  
 Cooper, B. Trent. . . . . Roanoke  
 Bennett, J. B. . . . . Warren  
 Eby, Ida L. (S) . . . . . Methodist Home, Warren  
 McIlwain, Eleanor E. . . . . Methodist Home, Warren  
 McIlwain, Robert E. . . . . Methodist Home, Warren  
 Webb, Lawrence C. . . . . Warren

## JACKSON COUNTY

Cummings, David J. (S) . . . . . Brownstown  
 Gillespie, Garland R. . . . . Brownstown  
 Shields, Jack E. . . . . Brownstown  
 Adair, William K. (S) . . . . . Crothersville

Bard, Frank B. . . . . Crothersville  
 Butler, Joe B. . . . . Crothersville  
 Scharbrough, William. . . . . Medora

### Seymour

Baxter, Harry R. . . . . 326 N. Walnut St.  
 Black, Joe M. . . . . 502 W. Second St.  
 Bobb, Kenneth E. . . . . 311 Lee Blvd.  
 Bosch, Ralph . . . . . 635 W. Second St.  
 Day, William D. C. . . . . 510 W. Sixth St.  
 Elsner, Lawrence W. . . . . 503 W. Sixth St.  
 Gillespie, Charles E. (S) . . . . . 109½ N. Chestnut St.  
 Graessle, Harold P. . . . . 304 W. Second St.  
 Martin, Guy . . . . . 105 N. Walnut St.  
 Miller, Harold E. . . . . Vehslage Bldg.  
 Osterman, Louis H. . . . . 315 S. Second St.  
 Ripley, John W. . . . . 321 Bruce St.  
 Shortridge, Wilbur H. . . . . 326 N. Walnut  
 Wiethoff, Clifford A. . . . . 215 W. Second St.

## JASPER-NEWTON COUNTIES

Schoonveld, Arthur . . . . . Brook  
 Holland, Charles E. . . . . Goodland  
 Yegerlehner, Roscoe S. . . . . Kentland  
 Brady, Kingdon. . . . . Morocco  
 Hartsough, Ralph I. . . . . Remington  
 Schantz, Richard . . . . . Remington  
 Beaver, Ernest R. . . . . Rensselaer  
 Johnson, Cecil E. . . . . Rensselaer  
 O'Brien, Francis E. . . . . Rensselaer  
 Ockerman, Kenneth R. . . . . Rensselaer  
 Titus, Jack L. . . . . Rensselaer  
 Gwin, Merle D. (S) . . . . . 2111 Regatta Ave., Miami Beach, Fla.

## JAY COUNTY

Hall, Emory H. . . . . Dunkirk  
 Heller, Nelson L. R. . . . . Dunkirk  
 Shroyer, Herbert . . . . . Dunkirk  
 Tate, Elizabeth . . . . . Dunkirk  
 Hiestand, Harley J. . . . . Pennville

### Portland

Badders, Ara C. . . . . 226 W. Main St.  
 Cring, George V. . . . . 210 W. Walnut St.  
 Cripe, William. . . . . 116 W. Walnut St.  
 Fitzpatrick, James S. . . . . 603 W. Arch St.  
 Gillum, Eugene M. . . . . Main and Meridian Sts.  
 Hammond, Stanley M. . . . . Weiler Bldg.  
 Keeling, Forrest E. . . . . 116 W. Walnut St.  
 Lyon, Florence M. . . . . 127 E. North St.  
 Moran, Mark M. . . . . Portland  
 Morrison, George C. . . . . Weiler Bldg.  
 Schenck, Ralph E. . . . . 603 W. Arch St.  
 Spahr, Donald E. . . . . 615 W. Race St.  
 Steffy, Ralph M. . . . . 116 W. Walnut St.

Lansford, John . . . . . Redkey

## JEFFERSON-SWITZERLAND COUNTIES

Robertson, David W. (S) . . . . . Deputy  
 Henning, Carl (S) . . . . . Hanover

### Madison

Alcorn, Merritt O., Jr. . . . . 428 E. Main St.  
 Beetem, Luther F. . . . . 425 W. Main St.  
 Childs, A. G. W. (S) . . . . . 412 E. Main St.  
 Childs, Wallace E. . . . . 412 E. Main St.  
 Denny, Fred C. . . . . 610 W. Main St.  
 Haney, William . . . . . 104 E. Third St.  
 Hare, Francis W., Jr. . . . . 722 W. Main St.  
 Jolly, Lewis E. . . . . 722 W. Main St.  
 May, George A. . . . . 426 E. Main St.  
 McAtee, Ott B. . . . . Madison State Hospital  
 McReynolds, C. Reese . . . . . Madison State Hospital  
 Modisett, Jackson W. . . . . 722 W. Main St.  
 Modisett, Marcella S. . . . . 722 W. Main St.  
 Moore, Martha . . . . . Madison State Hospital  
 Murray, William E. . . . . Madison State Hospital  
 Pratt, Ralph M., Jr. . . . . 806 W. Main St.



Prenatt, Francis.....Madison State Hospital  
 Shuck, William A.....Odd Fellows Bldg.  
 Sloan, W. Keith.....428 E. Main St.  
 Turner, Anna Goss.....104 E. Third St.  
 Turner, Oscar A.....602 E. Second St.  
 Whitsitt, Schuyler A. (S).....722 W. Main St.  
 Zink, Robert O.....722 W. Main St.

Bear, Lowery H. (S).....Vevay  
 Ellerbrook, George E.....Vevay  
 Graves, Noel S.....Vevay  
 Hamilton, Antha A.....Vevay  
 Cook, Elbert C. (S).....R. R. 13, Bradenton, Fla.  
 Hamilton, Guy W. (S).....Box 144, Durati, Calif.

### JENNINGS COUNTY

Daubenheyer, Miles F. (S).....Butlerville  
 Guthrie, William H.....Box 30, Butlerville  
 Hingeley, John E.

Muscatatuck State School, Butlerville

Meyer, Hans

Muscatatuck State School, Butlerville

Pearson, Hughey L.

Muscatatuck State School, Butlerville

#### North Vernon

Calli, Louis.....408 S. State St.  
 Dugan, Michael J.....45 N. Madison Ave.  
 Green, John H.....202 E. Walnut St.  
 Johnson, William A.....45 N. Madison Ave.  
 Matthews, Dennis W. (S).....North Vernon  
 Thayer, Benet W.....25 S. Jackson St.

### JOHNSON COUNTY

Gammell, Lindley L.....Edinburg  
 Michaels, Joseph F. (S).....Edinburg

#### Franklin

Andrews, Hugh K.....176 E. Jefferson St.  
 Chappel, Alfred T.....100 N. Main St.  
 Deppe, Charles F.....301 E. Jefferson St.  
 Ferrara, Joseph F.....25 E. Madison St.  
 Foster, Robert.....301 E. Jefferson St.  
 Hibbs, William G.....R. R. 1, Box 138  
 Jones, Charles A.....251 E. Jefferson St.  
 Murphy, Harry E.....150 N. Main St.  
 Porteus, Walter L.....34 N. Water St.  
 Province, Oran A.....100 N. Main St.  
 Province, William D.....100 N. Main St.  
 Records, Arthur W.....198 E. Jefferson St.  
 Stogsdill, Willis W.....176 E. Jefferson St.  
 Walters, Jack.....34 N. Water St.

#### Greenwood

Barnes, Helen Beall.....201½ W. Pearl St.  
 Brown, George E.....400 S. Madison Ave.  
 Eaton, Lyman D.....R. R. 1  
 Onyett, Harold R.....Smith Valley Rd.  
 Sheek, Kenneth I.....188 Madison Ave.  
 Tiley, George A.....41 N. Madison Ave.  
 Woodcock, Charles E.....224 S. Madison Ave.

Machledt, John H.....Whiteland

### KNOX COUNTY

#### Bicknell

Byrne, Robert J.....517 N. Main St.  
 Meade, Walter W.....403 N. Main St.  
 Shanklin, Jack L.....417 N. Main St.  
 Wilson, Guy H.....120 W. Third St.

Springstun, George H.....Oaktown

#### Vincennes

Anderson, John B.....301 LaPlante Bldg.  
 Anderson, Richard M.....301 LaPlante Bldg.  
 Arbogast, Paul B.....915 Main St.  
 Barrett, Thomas L.....1019 Dubois St.  
 Bartlett, Donald T.....Vincennes  
 Beckes, Ellsworth W.....220 N. Fifth St.  
 Chattin, Herbert O.....729 Main St.  
 Coffel, Melvin H.....424 LaPlante Bldg.

Corsetino, Bart.....Good Samaritan Hospital  
 Cullisen, Charles W.....410 S. Seventh St.  
 Curtner, Myron L.....222 N. Sixth St.  
 Edwards, Edward T., Jr.....1045 Washington Ave.  
 Ewing, Nathaniel D.....14 N. Third St.  
 Fox, Maurice S.....616 Shelby St.  
 Green, Carl L.....1004 Main St.  
 Hendrix, Charles E.....603 Busseron  
 Hoffman, Doris.....720 Perry St.  
 Humphreys, Joe E.....1516 N. Second St.  
 McCormick, Hubert D.....325 LaPlante Bldg.  
 McDowell, Mordecai M.....611 Dubois St.  
 McMahan, Virgil C.....609 Dubois St.  
 Moore, Robert G.....21 N. Third St.  
 Nichols, Robert J.....605 Busseron  
 Reilly, James F.....401 Buntin St.  
 Richards, David H. (S).....904 Busseron  
 Schulze, William.....810 Buntin St.  
 Shaffer, Kenneth L.....404 LaPlante Bldg.  
 Smith, Ralph O.....603 Busseron  
 Smith, S. Joseph.....301 LaPlante Bldg.  
 Spencer, Frederic.....429 S. Sixth St.  
 Stewart, J. Frank W.....Hillcrest Hospital  
 Sullenger, Adron A.....605 Busseron  
 Vaughn, Walter R.....615 Dubois St.  
 von der Lieth, William C.....14 N. Third St.  
 Welch, Norbert M.....615 Dubois St.

### KOSCIUSKO COUNTY

Thomas, Charles E. (S).....Leesburg  
 Urschel, Dan L.....Mentone  
 Wilson, Wymond B.....Mentone  
 Hursey, Virgil G.....Milford  
 Rheinheimer, Floyd L.....Milford  
 Stalter, Gaylord W.....North Webster  
 Mishler, Joseph B.....Piercetown  
 Pierson, Pearl H.....Silver Lake  
 Clark, Fred.....Syracuse  
 Craig, Robert A.....Syracuse  
 Fosbrink, Ephraim L.....Syracuse

#### Warsaw

Baum, John R.....212 S. Indiana  
 DuBois, Charles C. (S).....800 E. Center St.  
 Hillery, John L.....212 S. Indiana  
 Johnson, John J.....Court House  
 Murphy, Harold O.....212 S. Indiana  
 Richer, Orville H.....212 E. Market St.  
 Roesch, Ryland.....216 S. Buffalo  
 Schlemmer, George H.....Murphy Medical Center  
 Thomas, Everett W.....212 S. Indiana

### LAGRANGE COUNTY

Wade, Alfred A.....Howe  
 Yunker, Philip E.....Howe

#### LaGrange

Benedict, Charles D.....203 W. Wayne St.  
 Flannigan, Harley F.....213 W. Lafayette  
 Studebaker, Lloyd R.....219 S. Sherman  
 Weir, Dale.....220 S. Poplar

Williams, John H.....Shipshewana  
 Lehman, Kenneth M.....Topeka

### LAKE COUNTY

Bolin, John T. (S).....Cedar Lake  
 King, Robert W.....Cedar Lake  
 Miller, Donald C.....Cedar Lake  
 Misch, William.....Cedar Lake

#### Crown Point

Amico, Pasquale J.....Lake County Tuberculosis San.  
 Becker, Philip H.....Lake County Tuberculosis San.  
 Birdzell, John P.....124 N. Main St.  
 Carroll, Mary E.....124 N. Main St.  
 Doherty, Raymond J.....R. R. 5, Box 495  
 DuSold, Donald D.....306 E. Joliet  
 Gray, Daniel E.....182 W. North St.  
 Horst, William N.....123 N. Court St.  
 Seyler, Anna G.....Lake County Tuberculosis San.



Steele, Everett B. . . . . 124 N. Main St.  
 Troutwine, William R. . . . . 224 S. Court

Adler, Edmund R. . . . . Dyer

### East Chicago

Bacevich, Andrew J. . . . . 3406 Guthrie St.  
 Barron, Elmer A. . . . . 3406 Guthrie St.  
 Beam, Vernon B. . . . . 5215 Kennedy Ave.  
 Beilke, Clifford A. . . . . 815 W. Chicago Ave.  
 Benchik, Frank A. . . . . 4712 Magoun Ave.  
 Benedek, Tibor . . . . . 3406 Guthrie St.  
 Bonaventura, Angelo P. . . . . 3701 Main St.  
 Boyd, Charles S. . . . . 4739 Melville Ave.  
 Boys, Fay F. . . . . 4712 Magoun Ave.  
 Brauer, Abraham A. . . . . 3528 Main St.  
 Braun, Benjamin D. . . . . St. Catherine's Hospital  
 Broomes, Edward L. C. . . . . 2301 Broadway  
 Bryant, Edward G. . . . . 2220 Broadway  
 Campagna, Ettro A. . . . . 3406 Guthrie St.  
 Carleton, Edward H. . . . . Inland Steel Co.  
 Claybourn, Norman L. . . . . 3210 Watling St.  
 Cotter, Edward R. . . . . 723 W. Chicago Ave.  
 Dainko, Alfred J. . . . . 823 W. Chicago Ave.  
 Fadul, Armand . . . . . 4035 Elm  
 Fleischer, Jacob C. . . . . 4035 Elm St.  
 Gardiner, H. Glenn . . . . . 3210 Watling  
 Geronimo, Manuel M. . . . . 3502 Main St.  
 Geronimo, Rita R. V. . . . . 3502 Main St.  
 Govorchin, Alexander . . . . . 724 W. Chicago Ave.  
 Grosso, William G. . . . . 720 W. Chicago Ave.  
 Hayes, Jesse D. . . . . 4742 Melville  
 Irish, Wilbur J. . . . . 806 W. Chicago Ave.  
 Kamen, Jack M. . . . . 3406 Guthrie St.  
 Komoroske, John E. . . . . 723 E. Chicago Ave.  
 Levin, Eli . . . . . 3700 Main St.  
 McGuire, Desmond F. . . . . 3429 Michigan Ave.  
 Marks, Ora L. . . . . 815 W. Chicago Ave.  
 Nicosia, John B. . . . . 3701 Main St.  
 Payne, Arthur C. . . . . 2020 Broadway  
 Shapiro, Joseph . . . . . 3701 Main St.  
 Shulruff, Harry I. . . . . 3701 Main St.  
 Teegarden, Joseph A., Jr. . . . . 1919 E. Columbus Dr.  
 Teegarden, Joseph A. (S) . . . . . 1919 E. Columbus Dr.  
 Teplinsky, Louis L. . . . . 3701 Main St.  
 Thegze, George A. . . . . 4712 Magoun Ave.  
 Trepagnier, Francis B. . . . . 3616 Main St.  
 Vore, Hugh A. . . . . Inland Steel Co.  
 Walker, Adolph P. . . . . 3701 Main St.

### Gary

Abramson, Allan L. . . . . 3807 Washington St.  
 Alfano, Paul A. . . . . 2717 Wabash  
 Almquist, Carl O. . . . . 504 Broadway  
 Armalavage, Leon J. . . . . 2717 Wabash  
 Baitinger, Herbert M. . . . . 504 Broadway  
 Barton, Reginald R. . . . . Methodist Hospital  
 Behn, Walter M., Jr. . . . . 504 Broadway  
 Behn, Walter M. . . . . 504 Broadway  
 Bell, Odessa M. Khaton. . . . . 1903 Broadway  
 Bendler, Carl H. . . . . 738 Broadway  
 Bills, Robert N. . . . . 504 Broadway  
 Bisgyer, Jay L. . . . . 400 Broadway  
 Boardman, Carl (S) . . . . . 630 Buchanan St.  
 Borenstein, Herschel . . . . . 11 W. Seventh Ave.  
 Brady, Samuel G. . . . . 765 Broadway  
 Brandman, Harry . . . . . 504 Broadway  
 Brincko, John . . . . . 504 Broadway  
 Brink, Calvin C. . . . . 504 Broadway  
 Bringas, Irineo B. . . . . 858 Broadway  
 Brown, Leo R. . . . . 3855 Broadway  
 Bullard, Mattie J. . . . . 475 Broadway  
 Burcham, James B. . . . . 738 Broadway  
 Burger, Robert A. . . . . Methodist Hospital  
 Carberry, George A. . . . . 738 Broadway  
 Carbone, Joseph A. . . . . 504 Broadway  
 Carmody, Raymond F. . . . . 504 Broadway  
 Chevigny, Julius J. . . . . 504 Broadway  
 Chube, David D. . . . . 1606 Broadway  
 Coles, Alfred L. . . . . 1906 Broadway  
 Collins, Le Roy . . . . . 1903 Broadway

Cooper, Leo K. . . . . 504 Broadway  
 Danielewski, Ladislaus J. . . . . 738 Broadway  
 Darling, Dorothy . . . . . 1600 W. Sixth Ave.  
 Davis, Neal . . . . . 1600 W. Sixth Ave.  
 Dian, August J. . . . . 729 Broadway  
 Dierolf, Edward J. . . . . 504 Broadway  
 Donchess, Joseph C. . . . . 215 Broadway  
 Duncan, John S. . . . . 2165 W. 11th St.  
 Elliott, Ralph A. . . . . 504 Broadway  
 English, Hubert M. . . . . 673 Broadway  
 Espy, Theodore R. . . . . 1901 Broadway  
 Fadell, Matthew J. . . . . 3776 Broadway  
 Gallinatti, John J. . . . . 401 S. Lake St.  
 Gannon, George W. (S) . . . . . 602 Broadway  
 Glover, William J. . . . . 1005 W. 35th Ave.  
 Goldberg, Harold B. . . . . 738 Broadway  
 Golding, Robert F. . . . . Mercy Hospital  
 Goldstone, Adolph . . . . . 757 Broadway  
 Goldstone, Joseph . . . . . 757 Broadway  
 Goldstone, Sidney R. . . . . 757 Broadway  
 Grant, Benjamin F. . . . . 1706 Broadway  
 Gregoline, Amadeo F. . . . . 729 Broadway  
 Griffin, Joseph P. . . . . 504 Broadway  
 Harper, James W. . . . . 2301 Broadway  
 Hedrick, James T. . . . . 1903 Broadway  
 Hodurski, Zigfield . . . . . 4319 Broadway  
 Hoyt, Leonard . . . . . 790 Broadway  
 Ibarra, Jesus . . . . . 860 Broadway  
 Jahns, Albin A. . . . . 504 Broadway  
 Jannasch, Maurice C. . . . . 2717 Wabash Ave.  
 Johnson, Lonnie B. . . . . 123 W. 21st St.  
 Jordan, Stanley Y. . . . . 3807 Washington St.  
 Kendrick, Frank J. . . . . 504 Broadway  
 Kobrin, Meyer W. . . . . 729 Broadway  
 Kolettis, George J. . . . . 708 Broadway  
 Kolettis, John G. . . . . 708 Broadway  
 Kopcha, Joseph E. . . . . 504 Broadway  
 Korn, Jerome M. . . . . 738 Broadway  
 Lebioda, Henry S. . . . . 3776 Broadway  
 Lewis, George N. . . . . 504 Broadway  
 Loh, Hwei Ya (Chang) . . . . . Methodist Hospital  
 Loh, Wei-Ping . . . . . 1600 W. Sixth Ave.  
 Lorenty, Thaddeus B. . . . . 504 Broadway  
 Lovell, Martin H. . . . . 1606 Broadway  
 Lutz, Georgianna . . . . . 504 Broadway  
 McGue, Frank J. . . . . 427 S. Lake  
 McMath, Samuel B. . . . . 1903 Broadway  
 Majsterek, Stanley L. . . . . 1902 W. 11th Ave.  
 Mangan, Frank P. . . . . 3807 Washington  
 Marshall, Millard R. . . . . 504 Broadway  
 Mather, J. Winford . . . . . 2250 Ripley St., East Gary  
 May, Richard M. . . . . 583 Broadway  
 Milos, Robert J. . . . . 504 Broadway  
 Minczewski, Richard C. . . . . 517 Marshall St.  
 Molengraft, Cornelius J. . . . . 504 Broadway  
 Monroe, F. Bruce . . . . . 4537 Harrison St.  
 Moore, E. Gregory . . . . . 2367 Madison  
 Moore, Edwin G. . . . . 1606 Broadway  
 Morris, Hyman . . . . . 504 Broadway  
 Moswin, Jack A. . . . . 504 Broadway  
 Nelson, Walfred A. . . . . 559 S. Lake St.  
 Nilges, Richard G. . . . . 2717 Wabash Ave.  
 Ornelas, Joseph P. . . . . 673 Broadway  
 Paas, Axel A. . . . . 4119 Broadway  
 Palmer, Russel H. . . . . 2006 W. 4th Place  
 Parratt, Louis W. . . . . 708 Broadway  
 Penn, Robert A. . . . . 3792 Central Ave., East Gary  
 Philbert, Richard N. . . . . 600 Polk St.  
 Poracky, Bernard F. . . . . 504 Broadway  
 Pruitt, J. Edward . . . . . 4119 Broadway  
 Reynolds, James S. . . . . 504 Broadway  
 Richter, Samuel . . . . . 504 Broadway  
 Robinson, Walter K. . . . . 504 Broadway  
 Roth, Leo . . . . . 4167 Adams St.  
 Rosenbloom, Philip J. . . . . 504 Broadway  
 Rubin, Simon S. . . . . 504 Broadway  
 Russo, Andrew E. . . . . 600 Polk St.  
 Ryan, Hubert J. . . . . 504 Broadway  
 Sala, Joseph J. . . . . 504 Broadway



Sala, Walter R. . . . . 504 Broadway  
 Schulz, Kurt J. . . . . 4119 Broadway  
 Scully, John T. . . . . 504 Broadway  
 Senese, Thomas J. . . . . 504 Broadway  
 Shellhouse, Michael . . . . . 3811 Washington St.  
 Shvick, Alexander . . . . . 504 Broadway  
 Slama, George F. . . . . 4481 Broadway  
 Slama, John T. . . . . 4481 Broadway  
 Spellman, Frank W. . . . . 401 S. Lake  
 Spivack, Mary . . . . . 504 Broadway  
 Sponder, Joseph . . . . . 1512 Broadway  
 Stimson, Harry R. . . . . 504 Broadway  
 Stoycoff, Christ M. (S) . . . . . 844 Broadway  
 Thomas, Daniel D. . . . . 738 Broadway  
 Thomas, Gerald J. . . . . 504 Broadway  
 Townsend, William A. . . . . 1429 Virginia St.  
 Trinosky, Frank G. . . . . 504 Broadway  
 Turgi, Robert W. . . . . 504 Broadway  
 Verplank, Grover L. . . . . 527 Broadway  
 Voorhies, McKinley . . . . . 1606 Broadway  
 Vye, James P. . . . . 607 Broadway  
 Walters, Eleanore . . . . . 9 W. 6th Ave.  
 Washington, G. Kenneth . . . . . 1606 Broadway  
 Weiskopf, Henry S. . . . . 504 Broadway  
 Wharton, Russell O. . . . . 6559 Ash Place  
 Williams, Alexander S. . . . . 436 W. 25th St.  
 Williams, Edwin D. . . . . 436 W. 25th St.  
 Wimmer, Robert N. . . . . 9 W. Sixth St.  
 Yast, Charles J. . . . . 504 Broadway  
 Yocum, Paul S., Jr. . . . . 738 Broadway  
 Yocum, Paul S. . . . . 758 Broadway  
 Yocum, William S. . . . . 790 Broadway  
 Young, George M. . . . . 3776 Broadway  
 Young, Robert L. . . . . 504 Broadway

**Griffith**

Hazinski, Robert T. . . . . 401 N. Broad  
 Lundeberg, Ralph A. . . . . 109 N. Broad  
 Purcell, Richard J. . . . . 145 N. Griffith  
 Siekierski, Joseph M. . . . . 145 N. Griffith

**Hammond**

Allegretti, Michael L. . . . . 837 169th St.  
 Arbeiter, Herbert I. . . . . 5231 Hohman Ave.  
 Arrowsmith, James L. . . . . 5231 Hohman Ave.  
 Beconovich, Robert . . . . . 837 169th St.  
 Bethea, Dennis A. . . . . 1021 Fields St.  
 Bombar, Leslie E. . . . . 6010 Columbia  
 Carlo, Joseph F. . . . . 5305 Hohman Ave.  
 Chael, Thomas C. . . . . 5246 Hohman Ave.  
 Chidlaw, Benjamin W. (S) . . . . . 5141 Hohman Ave.  
 Clancy, James F. . . . . 6219 Hohman Ave.  
 Corrao, Gaetano . . . . . 6618 Kennedy Ave.  
 Costello, Albert J. . . . . 30 Douglas St.  
 Davis, Alice Hall . . . . . 264 Highland St.  
 Davis, Thomas N. III. . . . . 5236 Hohman Ave.  
 Eggers, Ernest L. . . . . 5141 Hohman Ave.  
 Eggers, Henry W. . . . . 30 Douglas St.  
 Egnatz, Nicholas . . . . . 820 Highland  
 Elledge, Ray . . . . . 30 Douglas St.  
 Fischer, Burnell . . . . . 5231 Hohman Ave.  
 Fox, Jack . . . . . 30 Douglas St.  
 Friedman, Isadore E. . . . . 7217 Indianapolis Blvd.  
 Gevirtz, Milton B. . . . . 5246 Hohman Ave.  
 Hickman, A. Lee . . . . . 30 Douglas St.  
 Hofmann, Andrew (S) . . . . . 445 State St.  
 Hopkins, Joseph R. . . . . 5231 Hohman Ave.  
 Howard, William Harry . . . . . 5231 Hohman Ave.  
 Husted, Robert G. . . . . 5248 Hohman Ave.  
 Jones, Eli S. . . . . 30 Douglas St.  
 Kenney, Francis D. . . . . 30 Douglas St.  
 Kolanko, Leon A. . . . . 30 Douglas St.  
 Koransky, David S. . . . . 7217 Indianapolis Blvd.  
 Kuhn, Arthur J. . . . . 112 Rimbach St.  
 Kuhn, Hedwig S. . . . . 112 Rimbach St.  
 Kuhn, Hugh A. . . . . 112 Rimbach St.  
 LaFollette, Forrest R. . . . . 7016 Indianapolis Blvd.  
 Larrabee, James F. . . . . St. Margaret's Hospital  
 Lautz, Herbert A. . . . . 112 Rimbach St.  
 Long, Keith . . . . . 30 Douglas St.  
 McVey, Clarence A. . . . . 5231 Hohman Ave.

Mansueto, Mario D. . . . . 5231 Hohman Ave.  
 Marcus, Emanuel . . . . . 5252 Hohman Ave.  
 Marks, Salvo P. . . . . 30 Douglas St.  
 Mason, Richard L. . . . . 132 Rimbach St.  
 Matthews, Charles B. (S) . . . . . 6416 Forrest Ave.  
 Mintz, Alfred M. . . . . 5217 Hohman Ave.  
 Modjeski, Joseph R. . . . . 5451½ Hohman Ave.  
 Modjeski, Raymond J. . . . . 5231 Hohman Ave.  
 Morrison, Lindsey (S) . . . . . 109 Rimbach St.  
 Neal, Leonard W. . . . . 6223 Hohman Ave.  
 Nodinger, Louis . . . . . 540 165th St.  
 Panares, Solomon V. . . . . 5434 Hohman Ave.  
 Pilot, Jean . . . . . 5231 Hohman Ave.  
 Premuda, Franklin F. . . . . 6727 Kennedy Ave.  
 Ramker, Daniel T. . . . . 7040 Kennedy Ave.  
 Rasch, George C., Jr. . . . . 30 Douglas  
 Rawlins, Carolyn M. . . . . 6223 Hohman Ave.  
 Remich, Antone C. . . . . 30 Douglas St.  
 Rendel, Donald T. . . . . 5231 Hohman Ave.  
 Rhind, Alexander W. . . . . 5145 Hohman Ave.  
 Rosevear, Henry J. . . . . 30 Douglas St.  
 Row, Perrie Q. . . . . 7217 Indianapolis Blvd.  
 Rubright, Robert L. . . . . 6010 Columbia Ave.  
 Rudolph, Franklin G. . . . . 5231 Hohman Ave.  
 Santare, Vincent J. . . . . 5231 Hohman Ave.  
 Schlesinger, Daniel J. . . . . 6010 Columbia Ave.  
 Scott, Mildred E. . . . . 5935 Hohman Ave.  
 Sroka, Alexander G. . . . . 5305 Hohman Ave.  
 Stasick, Murray . . . . . 5618 Calumet  
 Stern, Samuel L. . . . . 5231 Hohman Ave.  
 Stevens, Edwin W. . . . . 30 Douglas St.  
 Weissman, Charles G. . . . . 5231 Hohman Ave.  
 Westhaysen, Peter . . . . . 6223 Hohman Ave.  
 White, Gilbert H., Jr. . . . . 6429 Kennedy Ave.

**Highland**

Markey, Richard J. P. . . . . 2805 Highway Ave.  
 Sroka, Stanley J. . . . . 2942 Highway Ave.

**Hobart**

Bjorklund, C. Ray . . . . . 295 S. Wisconsin St.  
 Bradley, Charles F. . . . . 201 Main St.  
 Burkart, Oswald G. . . . . 591 Kelly St.  
 Faulkner, Donald J. . . . . 295 S. Wisconsin St.  
 Friedrich, Louis M. (S) . . . . . 614 E. Third St.  
 Gill, John R. . . . . 295 S. Wisconsin  
 Klos, Stanley J. . . . . 10 N. Michigan Ave.  
 Markle, Joseph G. . . . . 201 Main St.  
 Parker, Harry C. . . . . 831 Garfield St.  
 Pike, Warren H. . . . . 108 E. Third St.  
 Reed, John . . . . . 10 N. Michigan Ave.  
 Weiss, John T. . . . . 295 S. Wisconsin St.

**Lowell**

Templin, David B. . . . . E. Commercial

**Munster**

Campbell, Guy G. . . . . 211 Ridge Rd.

**Whiting**

Best, Robert C. . . . . 1900 Indianapolis Blvd.  
 Ferry, John L. . . . . 1902 Indianapolis Blvd.  
 Frankowski, Clementine E. . . . . 1907 New York Ave.  
 Greisen, Jack G. . . . . 1902 Indianapolis Blvd.  
 Gustaitis, John W. . . . . 1900 Indianapolis Blvd.  
 Kaiser, George D. . . . . 1900 Indianapolis Blvd.  
 Kudele, Louis T. . . . . 1321 119th St.  
 McCarthy, Jeremiah A. . . . . 1341 119th St.  
 Navarre, Vincent J. . . . . 1900 Indianapolis Blvd.  
 Rudser, Donald H. . . . . 1902 Indianapolis Blvd.  
 Silvian, Harry A. . . . . 1400 119th St.  
 Smith, Theodore J. . . . . 1902 Indianapolis Blvd.  
 Stecy, Peter . . . . . 1902 Indianapolis Blvd.  
 Steen, Lowell H. . . . . 1900 Indianapolis Blvd.  
 Troy, Jack M. . . . . 1900 Indianapolis Blvd.  
 Weinberg, Benjamin A. . . . . 1348 119th St.

Black, Charles E. . . . . 809 S. Marshfield Ave., Chicago, Ill.  
 Cook, George M. . . . . Lake Worth, Fla.  
 Holmes, George W. . . . . 670 N. Michigan, Chicago, Ill.  
 Justen, Jerome W. . . . . 207 Village Lane, Daly City, Calif.



Kopanko, Bernard F.  
 V. A. Hospital, Clarksburg, W. Va.  
 Lazo, Vicente R.  
 152 E. 97th St., New York 29, N. Y.  
 McLean, James S. 2023 S. 4th Ave., Maywood, Ill.  
 McMichael, Frank J. Box 227, Hernando, Fla.  
 Marcus, Morris C. Palm Harbor, Florida  
 Murphy, Joseph F. 3508 Ridge Rd., Lansing, Ill.  
 Peiffer, Geraldine M.  
 Mass. General Hosp., Boston, Mass.  
 Rebhun, Joseph  
 106 Edna St., San Francisco, Calif.  
 Reilly, Richard W. Richton Rd., Crete, Ill.  
 Shafer, Sid J. 55 E. Washington St., Chicago, Ill.  
 Tyrrell, Joseph J.  
 6 Forrest Dale, Calumet City, Ill.  
 Tyrrell, Thomas C.  
 800 State Line, Calumet City, Ill.

## LA PORTE COUNTY

Oak, David, Jr. Hanna  
 Oak, David D. LaCrosse

### La Porte

Carter, Fred S. 912 Indiana Ave.  
 Cartwright, Jack D. 806 Madison St.  
 Durham, Lowell J. 1012 Harrison St.  
 Elshout, Clem H. 1004 Indiana Ave.  
 Fargher, Robert A. 811 Jefferson Ave.  
 Farnsworth, Samuel A. 1012 Michigan Ave.  
 Feinn, Harry S. 1013 Indiana Ave.  
 Fischer, Carlton N. 1001 Maple Ave.  
 Hinshaw, Horace D. 808 Maple Ave.  
 Jones, Robert B. 808 Michigan Ave.  
 Kelsey, Robert M. 702 Maple Ave.  
 Kepler, Robert W. 708 Harrison St.  
 Kistler, James J. 911 Maple Ave.  
 Larson, Goyt O. 1110 Indiana Ave.  
 Martin, William B. 812 Michigan Ave.  
 Mead, Frank E. 801 Madison St.  
 Muhleman, Charles E. 901 Indiana Ave.  
 Philbrook, Seth S. 705 Harrison St.  
 Predd, Adolph C. 909 Madison St.  
 Richter, John C. 808 Michigan Ave.  
 Scott, John S. 806 Maple Ave.  
 Tabaka, Francis B. 1201 Michigan Ave.  
 Von Asch, George 912 Monroe St.  
 Wolf, William E. 1406 Lincoln Ave.

### Michigan City

Armstrong, Thomas D. 120 W. Ninth St.  
 Arney, Amos 125 E. Fifth St.  
 Baker, Warren 427 Warren Bldg.  
 Bankoff, Milton L. 125 E. Fifth St.  
 Bergan, Joseph A. Warren Bldg.  
 Berkson, Myron E. 801 Washington St.  
 Bernoske, Daniel G. 731 Pine St.  
 Brooks, Harry L. 100 Beverly Court  
 Burris, Floyd L. 731 Spring St.  
 Carlson, Norman R. 912 Wabash St.  
 Cleveland, John B. 117 W. Seventh St.  
 Fargher, Francis M. 907 Washington St.  
 Flaherty, Walter T. 1016 Washington St.  
 Frost, Robert J. 817 Pine St.  
 Gardner, Melvin D. 801 Washington St.  
 Gardner, Russell A. 801 Washington St.  
 Gilmore, Robert W. 304 Warren Bldg.  
 Gilmore, Russell A. 304 Warren Bldg.  
 Hay, Gene R. 120 W. 9th St.  
 Henderson, Norman C. 131 E. Eighth St.  
 Hillenbrand, Charles 128 W. 10th St.  
 Jones, King S. 328½ Franklin St.  
 Kemp, John T. 122 E. Seventh St.  
 Kerrigan, John F. 916 Washington St.  
 Kerrigan, Robert L. 916 Washington St.  
 Kling, Victor F. 723 Franklin St.  
 Kubik, Francis J. 902 Pine St.  
 Marske, Robert L. 311-13 Warren Bldg.  
 Meyer, Milo G. 801 Washington St.

Milne, Walter S. 916 Washington St.  
 Olson, William H. P. O. Box 41  
 Paul, Leonard G. 125 E. Fifth St.  
 Piazza, Leonard F. 907 Washington St.  
 Pilecki, Peter J. 125 E. Fifth St.  
 Plank, C. Robert 732 E. Pine St.  
 Reed, Nelle C. 3210 Tilden Ave.  
 Roberts, Thomas K. 815 Pine St.  
 Rohr, Joseph H. P. O. Box 41  
 Stumer, Myer 811 Pine St.  
 Taub, Robert G. 125 E. Fifth St.  
 Walters, William H. Warren Bldg.  
 Warren, Lewis T. 125 E. Fifth St.  
 Weeks, Patrick H. 119 E. Sixth St.  
 Zalac, Donald A. 723 Pine St.  
 Zullo, Robert S. Warren Bldg.

Weinstock, Adolph. Rolling Prairie  
 Moosey, Louis Union Mills  
 Benz, Owen. Wanatah

### Westville

Dieter, William J. Beatty Memorial Hospital  
 Hetman, Mitchell J. Westville  
 Johnston, Donald D. Beatty Memorial Hospital  
 Oster, Jack H. Beatty Memorial Hospital  
 Sennett, Cecil M. Beatty Memorial Hospital  
 Syler, Robert W. Beatty Memorial Hospital  
 Tasher, Dean C. Beatty Memorial Hospital

Grott, Bruce F. 165 N. Canal St., Chicago, Ill.  
 Potter, Brian

University of Chicago, Chicago 37, Ill.  
 Simon, Arthur R. 2244 Siesta Dr., Sarasota, Florida

## LAWRENCE COUNTY

### Bedford

Allen, L. Howard 1622 24th St.  
 Austin, Richard P. 209 Citizens Nat'l Bank Bldg.  
 Benham, Lawrence E. 310 Stone City Bank Bldg.  
 Bridwell, Edgar 1317 L St.  
 Duncan, Raymond 1317 L St.  
 Dusard, Joseph C. 304 Citizens Nat'l Bank Bldg.  
 Edmonds, Kendrick 1303 15th St.  
 Emery, Charles B. 1027 15th St.  
 Fountaine, Thomas J. 1501 J St.  
 Hammel, Howard T. 1501½ J St.  
 Hawkins, Richard D. 1021 15th St.  
 Kasting, Gerald 206 Citizens Nat'l Bank Bldg.  
 Kerr, Donald M. 1317 L St.  
 Meyer, Orlando L. 1210 15th St.  
 Morrow, Robert J. 1317 L St.  
 Newland, Arthur E. Masonic Temple  
 Noe, William R. 1317 L St.  
 Scherschel, John P. 1711 H St.  
 Smallwood, Robert B. 206 Citizens Nat'l Bank Bldg.  
 Wohlfeld, Julius B. 1222 15th St.  
 Woolery, Richard H. 1310 W. 16th St.  
 Wynne, Roland E. 301 Citizens Nat'l Bank Bldg.

Hamilton, James R. Mitchell  
 Oswalt, James T. Mitchell  
 Robinson, William H. Mitchell  
 Dollens, Claude (S) Oolitic

## MADISON COUNTY

### Alexandria

Carpenter, John L. 313 N. Harrison St.  
 Gaunt, Everett W. 623 W. Broadway  
 Leroy, Alvin G. 310 N. Harrison St.  
 McClelland, Harry N. 118 E. Church St.  
 Overpeck, George H. 313 N. Harrison St.  
 Shafer, Richard H. 111 S. Harrison St.



## Anderson

Aagesen, Walter J. .... 702 Citizens Bank Bldg.  
 Armington, Charles L. .... 655 Anderson Bank Bldg.  
 Armington, John C. (S) ..... 1504 Broadway  
 Armington, Robert L. .... 1504 Broadway  
 Ashcraft, John R. .... 1424 E. 8th St  
 Austin, Charles E. .... 2108 Nichol  
 Austin, Maynard A. (S) ..... 238 W. 12th St.  
 Ayres, Kenneth D. .... 2210 Meridian St.  
 Baughn, William L. .... Guide Lamp  
 Beeler, Franklin K. .... 1010 Jackson St.  
 Benoit, Merrill P. .... Delco Remy  
 Bixler, Donald P. .... 1010 Jackson St.  
 Blassaras, Chris. .... 2005 Broadway  
 Bowers, Charles R. .... 207 Anderson Loan Bldg.  
 Brauchla, Carl H. .... 117 W. 17th St.  
 Bridges, Alvin. .... 1524 Madison Ave.  
 Brock, Earl E. .... 931 Meridian St.  
 Brown, James M. .... 12 W. 29th St.  
 Buckles, David L. .... St. John's Hospital  
 Dixon, Rex W. .... 934 W. 8th St.  
 Doenges, James L. .... 631 Citizens Bank Bldg.  
 Donaldson, Frank C. .... 315 Citizen Bank Bldg.  
 Drake, John C. .... 604 Anderson Bank Bldg.  
 Dulin, Basil B. .... St. John's Hospital  
 Ellis, Seth W. .... 717 Anderson Bank Bldg.  
 Elsten, Aubrey W. .... 704 Anderson Bank Bldg.  
 Erehart, Archie D. .... 1221 Irving Way  
 Ferguson, Donald H. .... 402 Anderson Bank Bldg.  
 Fischer, Warren E. .... 119 W. 19th St.  
 Gante, Henry W. .... 2005 Nichol Ave.  
 Hart, William D. .... 515 Citizens Bank Bldg.  
 Hensler, Benton M. .... 1709 Nichol Ave.  
 Irwin, Seth (S) ..... 2209 Cedar St.  
 Jarrett, Paul E. .... 315 Citizens Bank Bldg.  
 Jones, Albert T. .... 530 Citizens Bank Bldg.  
 Jones, David G. .... 206 Beverly Terrace Apts.  
 Jones, Horace E. .... 1110 Meridian St.  
 Kelly, Wendell C. .... 704 E. Eighth St.  
 Kiely, John T. .... 655 Citizens Bank Bldg.  
 King, Joseph W. .... 1110 N. Meridian St.  
 Kopp, Otis A. .... 333 Jackson St.  
 Lamey, James L. .... 447 Citizens Bank Bldg.  
 Lamey, Paul T. .... 423 Citizens Bank Bldg.  
 Larmore, Joseph L. .... 612 Anderson Bank Bldg.  
 Larmore, Sarah H. .... 1301 Winding Way  
 Litzenberger, Sam W. .... 622 Citizens Bank Bldg.  
 Long, Paul L. .... 710 Anderson Bank Bldg.  
 McDonald, Vergil G. .... 1110 Meridian St.  
 Maxson, Roy V. .... 713 Anderson Bank Bldg.  
 Meister, Doris (S) ..... 315 W. 9th St.  
 Morris, Robert A. .... 320 Citizens Bank Bldg.  
 Neale, Alfred E. .... 234 Citizens Bank Bldg.  
 Nelson, Paul L. .... 330 W. Seventh St.  
 Nesbit, Leonard L. .... 415 Citizens Bank Bldg.  
 Patterson, William K. .... 713 Anderson Bank Bldg.  
 Polhemus, Warren C. .... 1803 Pearl St.  
 Quickel, Daniel S. (S) .... 709 Anderson Bank Bldg.  
 Reed, Roger R. .... 412 Anderson Bank Bldg.  
 Rosenbaum, Lloyd E. .... 647 Citizens Bank Bldg.  
 Ross, Guy E. .... 661 Citizens Bank Bldg.  
 Rozelle, Clarence V. .... 611 Citizens Bank Bldg.  
 Sharp, William L. .... 449 Citizens Bank Bldg.  
 Sheldon, Suel A. .... Anderson  
 Stamper, Joseph H. .... 412 Anderson Bank Bldg.  
 Stamper, Robert J. .... 412 Anderson Bank Bldg.  
 Stinson, William M. .... 333 Jackson St.  
 Swan, Richard C. .... Delco Remy  
 Webb, Harry D. .... 321 Citizens Bank Bldg.  
 Wilder, Gordon B. .... 338 W. Eighth St.  
 Wilder, William T. .... 338 W. Eighth St.  
 Wilkinson, Roger L. .... 1 E. 37th St.  
 Williams, Francis M. .... 1132 Central Ave.  
 Williams, Robert H. .... 1132 Central Ave.  
 Willson, Canby L. .... 315 Anderson Bank Bldg.  
 Wright, Cecil S. .... 523 Citizens Bank Bldg.  
 York, Arthur F. .... 602 Citizens Bank Bldg.  
 Zierer, Reuben O. .... 1211 Van Buskirk Rd.

## Elwood

Buechler, William F. .... 1817 S. A St.  
 Drake, Marion C. .... 1201 Main St.  
 Fitzpatrick, Harry W. .... 1309 S. Anderson St.  
 Hanson, Martin F. .... 1102 S. Anderson St.  
 Hoppenrath, Wesley M. .... 1300 Main St.  
 Hoppenrath, William H. (S) ..... 1300 Main St.  
 Laudeman, Walter A. .... 1515 N. A St.  
 Oldag, George E. .... 1301 Main St.  
 Ploughe, Ralph R. .... 517 S. Anderson St.  
 Scea, Wallace A. .... 1300 Main St.  
 Ulrey, Robert P. .... 1201 Main St.

Bishop, Harry A. .... Frankton  
 Ridgway, Alton H. .... Lapel  
 Rinne, John I. .... Lapel  
 Williams, Robert D. .... Markleville  
 Leahy, Howard J. .... Pendleton  
 McLaughlin, Calvin P. .... Pendleton  
 Schulze, Hans A. .... Box 28, Pendleton  
 Van Ness, William C. .... Summitville

## MARION COUNTY

Fosgate, Harold L. .... Acton

## Beech Grove

Berger, Morley. .... 902 Main St.  
 Kim, Young D. .... 136 N. 17th St.  
 Ramage, Walter F. .... 244 S. First St.  
 Reilly, Eva F. .... St. Francis Hospital  
 Rhea, James C. .... 801 Main St.

Hade, Frederick, L. .... Bridgeport  
 Zerfas, Leon G. .... R. R. 1, Camby  
 Garrison, James L. .... Cumberland

## Indianapolis

## A

Abreu, Benedict E.  
 Pitman-Moore Co., 1200 Madison Ave. (6)  
 Adams, Daniel S. (S) .. 520 Hume Mansur Bldg. (4)  
 Addleman, Robert H. .. 3710 N. Pennsylvania St. (5)  
 Adkins, Harold C. .... 409 E. 30th St. (5)  
 Adkins, Onan C. .... 3635 Watson Rd. (5)  
 Albertson, Frank P. .... 3544 W. 16th St. (22)  
 Aldrich, Harry D. .... 501 Hume Mansur Bldg. (4)  
 Aldrich, Howard. .... 4316 E. Washington St. (1)  
 Alexander, Ezra D. .... 617 Indiana Ave. (2)  
 Allen, Robert K. .... 3202 N. Meridian St. (8)  
 Alvis, Edmond O. .... 320 Hume Mansur Bldg. (4)  
 Anderson, James W. .... 309 Walker Bldg. (2)  
 Anderson, John T. .... 2033 N. Harding St. (2)  
 Anderson, Wendell C.

Indiana State Board of Health,  
 1330 W. Michigan St. (7)

Appel, Richard H. .... 320 Hume Mansur Bldg. (4)  
 Arata, Lucian A. .... 4349 Evanston (5)  
 Arbogast, John L. .... I. U. Medical Center (7)  
 Arbuckle, William E. .... 1156 Lee St. (21)  
 Arford, John E. .... 3392 Meadows Court (5)  
 Arnold, Aaron L. .... 607 E. Maple Rd. (5)  
 Arnold, Robert D. .... 3419 E. 10th St. (1)  
 Aronson, Sidney S. .... 618 Hume Mansur Bldg. (4)  
 Avery, George O. .... 17 S. Traub (22)

## B

Bacastow, Merle S. .... Methodist Hospital (7)  
 Bachmann, Arnold J. .... 3440 N. Meridian St. (8)  
 Bailey, Orville T.  
 Larue D. Carter Hospital, 1315 W. 10th St. (7)  
 Baird, Melvin S. .... 17½ W. 22nd St. (2)  
 Bakemeier, Otto H. .... 5503 E. Washington St. (19)  
 Balch, James F. .... 709 Hume Mansur Bldg. (4)  
 Balingit, Bienvenido L. .. Sunnyside Sanitarium (26)  
 Ball, Joseph E. .... 4312 E. 10th St. (1)  
 Banister, Revel F. .... 2958 Central Ave. (5)  
 Banks, Horace M. .... Methodist Hospital (7)



Baptisti, Arthur Jr.

Eli Lilly & Co., 740 S. Alabama (6)  
 Barry, Maurice J. .... 501 Doctors' Bldg. (4)  
 Bartle, James L. .... 7450 Pendleton Pike (26)  
 Bartley, Max D. .... 803 Hume Mansur Bldg. (4)  
 Batman, Gordon W. .... 723 Hume Mansur Bldg. (4)  
 Battersby, J. Stanley .... I. U. Medical Center (7)  
 Batties, Paul A. .... 617 Indiana Ave. (2)  
 Bauer, Thomas B. .... 408 Hume Mansur Bldg. (4)  
 Baumeister, Herbert E. .... Methodist Hosp. (7)  
 Beach, Robert R. .... 2630 E. 10th St. (1)  
 Beamer, Parker R. .... I. U. Medical Center (7)  
 Bean, Joseph S. .... I. U. Medical Center (7)  
 Beasley, Thomas J. (S) .... 112 Berkley Rd. (8)  
 Beaver, Howard W. .... 11 E. Raymond St. (25)  
 Beck, Evert M. .... 915 E. Maple Rd. (5)  
 Becker, Harry G. .... 6060 College Ave. (20)  
 Beeler, John W. .... 712 Hume Mansur Bldg. (4)  
 Beeler, Raymond C. .... 712 Hume Mansur Bldg. (4)  
 Behnke, Roy H. .... VA Hosp., 1481 W. 10th St. (7)  
 Belt, James H. .... 6202 College Ave. (20)  
 Benedict, Paul F. .... 3939 Meadows Dr. (5)  
 Benken, Lawrence D. .... I. U. Medical Center (7)  
 Berman, Edward J. .... 920 Hume Mansur Bldg. (4)  
 Berman, Jacob K. .... 920 Hume Mansur Bldg. (4)  
 Beverland, Malon E. .... 3036 E. Washington St. (1)  
 Bibler, Lester D. .... 811 Underwriters Bldg. (4)  
 Bill, Robert O. .... 2901 N. Meridian St. (8)  
 Bird, Charles R. (S) .... 301 Hume Mansur Bldg. (4)  
 Blackford, Florence .... 5909 E. 10th St. (19)  
 Blackford, Ralph E. .... 5909 E. 10th St. (19)  
 Blake, Albert L. .... 1802 N. Illinois St. (2)  
 Blatt, A. Ebner .... 3209 N. Meridian St. (8)  
 Bloemker, Edward F. .... 2729 Shelby St. (3)  
 Boaz, John J. (S) .... 302 K. of P. Bldg. (4)  
 Boggs, Eugene F. .... 2901 N. Meridian St. (8)  
 Boling, Grover C., Jr. .... 1440 E. 46th St. (5)  
 Bond, George S. .... 1221 N. Delaware St. (2)  
 Bond, Virginia .... 3236 W. 34th St. (22)  
 Bond, William H. .... I. U. Medical Center (7)  
 Bonsett, Charles A. .... 902 Hume Mansur Bldg. (4)  
 Booher, Norman R. .... 447 E. Maple Rd. (5)  
 Booher, Olga Bonke .... 447 E. Maple Rd. (5)  
 Booth, Boynton H. .... 910 Hume Mansur Bldg. (4)  
 Booze, James .... General Hospital (7)  
 Bowers, Don D. .... 711 Underwriters Bldg. (4)  
 Bowman, George W. .... General Hospital (7)  
 Boyer, Edward B. .... 725 Hume Mansur Bldg. (4)  
 Boyer, Floyd A. .... 442 N. Drexel Ave. (1)  
 Boyer, Philip A. .... Pitman-Moore Co., 1200 Madison Ave. (6)  
 Bradley, Louis F. .... General Hosp. (7)  
 Brady, Thomas A. .... 818 Hume Mansur Bldg. (4)  
 Brayton, John R. .... 704 Underwriters Bldg. (4)  
 Brayton, Lee .... 3342 N. Illinois St. (8)  
 Briggs, Robert W. .... 406½ N. Senate Ave. (4)  
 Brillhart, James R. .... I.U. Medical Center (7)  
 Brodie, Donald W. .... 817 C. of C. Bldg. (4)  
 Brown, Archie E. .... 1220 S. Belmont Ave. (21)  
 Brown, David E. .... 520 Hume Mansur Bldg. (4)  
 Brown, DeWitt W. .... 1633 N. Capitol Ave. (2)  
 Brown, Frances T. .... 2126 N. Talbot Ave. (2)  
 Brown, Frank M. .... 514 W. 43rd St. (8)  
 Brown, Gordon T. .... 1949 E. 11th St. (1)  
 Brown, Thomas C. .... Methodist Hospital (7)  
 Brown, Wendell E. .... 3426 N. Meridian St. (8)  
 Browning, James S. .... 2901 N. Meridian St. (8)  
 Browning, William M. .... 3740 Central Ave. (5)  
 Brownley, Emma J. .... 5101 W. 13th St. (24)  
 Bruce, Reginald A. .... 848 Indiana Ave. (2)  
 Bunde, Carl A. .... Pitman-Moore Co., 1200 Madison Ave. (6)  
 Burdette, Harold F. .... 5733 Broadway (20)  
 Burghard, Rolla D. .... 3760 N. Sherman Dr. (18)  
 Burke, John R. .... I. U. Medical Center (7)  
 Burman, Leonard .... General Hospital (7)  
 Butler, John O. .... 234 E. Southern Ave. (25)

Butler, Robert M. .... 3426 N. Meridian St. (8)  
 Buttz, Rose J. P. (S) .... 112 E. 13th St. (2)

## C

Cahn, Hugo M. .... 418 E. 30th St. (5)  
 Call, Herbert F. .... 2901 N. Meridian (8)  
 Campbell, John A. .... I. U. Medical Center (7)  
 Canaday, James W. (S) .... 1229 Prospect St. (3)  
 Canganelli, Vincent G. .... 1800 E. 10th St. (1)  
 Caplin, Irvin .... 3120 N. Meridian St. (8)  
 Caplin, Samuel S. .... 111 E. 30th St. (5)  
 Carson, Wayne .... 1802 N. Illinois St. (2)  
 Carter, Oren E. .... 668 E. Maple Rd. (5)  
 Chandler, Earl L. .... Eli Lilly Co., Box 618 (6)  
 Chattin, William R. .... 1502 N. Emerson Ave. (19)  
 Chen, Ko Kuei .... Eli Lilly & Co., 740 S. Alabama St. (6)  
 Chernish, Stanley M. .... General Hospital (7)  
 Chevalier, Robert A. .... Methodist Hosp. (7)  
 Chivington, Paul V. .... 3120 N. Meridian St. (8)  
 Christian, William A. .... V. A. Hospital, 1481 W. 10th St. (7)  
 Chroniak, Walter .... 5703 E. Washington St. (19)  
 Clark, Cecil P. .... 922 Hume Mansur Bldg. (4)  
 Clark, Lawson J. .... 3736 N. Delaware St. (5)  
 Clevinger, William G. .... 1610 Auburn St. (24)  
 Close, W. Donald .... I. U. Medical Center (7)  
 Coble, Ralph R. (S) .... 3311 N. Meridian St. (8)  
 Coddington, Robert C. .... I.U. Medical Center (7)  
 Coggeshall, Warren E. .... 1015 Hume Mansur Bldg. (4)  
 Cohn, Alvin F. .... 1130 Southview Dr. (27)  
 Collins, Hubert L. .... I. U. Medical Center (7)  
 Collins, James N. .... 712 Hume Mansur Bldg. (4)  
 Conley, Joseph L. .... 2443 E. Washington St. (1)  
 Conway, Chester C. .... 4402 E. New York St. (1)  
 Conway, Glenn .... 1620 S. East St. (25)  
 Cornacchione, Matthew .... 814 S. East St. (25)  
 Cortese, James V. .... 435 S. East St. (25)  
 Cortese, Thomas A. .... 435 S. East St. (25)  
 Countryman, Frank W. .... 3233 N. Meridian St. (8)  
 Cox, Clifford E. .... R. R. 14, Box 811 (20)  
 Craft, Kenneth L. .... 1002 Hume Mansur Bldg. (4)  
 Crawford, Alvin S. .... General Hospital (7)  
 Crawford, John A. .... 321 Hume Mansur Bldg. (4)  
 Crocker, Cyril L. .... 1540 Columbia Ave. (2)  
 Culbertson, Clyde G. .... Eli Lilly & Co., 740 S. Alabama St. (6)  
 Cullen, Paul K. Jr. .... Methodist Hospital (7)  
 Cullen, Paul K. .... 422 Hume Mansur Bldg. (4)  
 Culloden, William G. .... 710 E. 46th St. (5)  
 Culmer, Walter N. (S) .... 3541 N. Meridian St., #204 (8)  
 Cure, Charles W. .... 208 Hume Mansur Bldg. (4)  
 Currie, Robert W. .... 512 E. 57th St. (20)  
 Curry, R. Louis .... 3375 Forest Manor (18)  
 Cuthbert, Marvin P. .... 607 Hume Mansur Bldg. (4)  
 Czenkusch, Helen G. .... 5101 W. 13th St. (24)

## D

Daley, Edward H. .... Community Hospital  
 Dallas, Fred R. .... General Hosp. (7)  
 Dalton, John E. .... 708 Hume Mansur Bldg. (4)  
 Dalton, William W. .... 422 Hume Mansur Bldg. (4)  
 Daly, Joseph M. .... 234 E. Southern Ave. (25)  
 Daniel, John C. .... 1008 Hume Mansur Bldg. (4)  
 Davidson, N. Cort. .... 3233 N. Meridian St. (8)  
 Davis, John A. .... 2719 E. Michigan St. (1)  
 Davis, Margaret M. .... St. Vincent's Hosp. (7)  
 Davis, Sam J. .... 908 Hume Mansur Bldg. (4)  
 Deal, Eleanor H. .... 4909 W. 15th St. Speedway (24)  
 Dearmin, Robert M. .... 3233 N. Meridian St. (8)  
 DeArmond, Murray .... 723 Hume Mansur Bldg. (4)  
 Deever, John W. .... 4131 Shelby St. (3)  
 DeMotte, C. Bowen .... 808 C. of C. Bldg. (4)  
 Dennison, Alfred D., Jr. .... 1005 Hume Mansur Bldg. (4)  
 Denny, Forrest L. .... 3351 W. 10th St. (22)  
 Denny, James W. .... 5504 E. Washington St. (19)



Des Jean, Paul A. . . . . 4301 E. 38th St. (18)  
 DeWees, Dwight L. . . . . 302 N. Bradley Ave. (1)  
 Dickey, William M. . . . . St. Vincent's Hospital (7)  
 Dickson, Carolyn L. . . . . 501 N. West St. (2)  
 Dill, Charles W. . . . . 3655 S. Sherman Dr. (3)  
 Dill, Myron K. . . . . 3120 N. Meridian St. (8)  
 Dilts, Robert L. . . . . 2521 E. 38th St. (18)  
 Dintaman, Paul G. . . . . 432 Bankers Trust Bldg. (4)  
 Donato, Albert M. . . . . 1429 Shelby St. (3)  
 Doran, J. Hal . . . . . 720 Hume Mansur Bldg. (4)  
 Dorman, Willis L. . . . . 6430 E. Washington St. (19)  
 Doty, James R. Jr. . . . . General Hospital (7)  
 Doughty, Samuel R., Jr. . . . . I. U. Medical Center (7)  
 Dowd, Joseph A. . . . . 6177 College Ave. (20)  
 Drew, Arthur L. Jr. . . . . I. U. Medical Center (7)  
 Dryden, Gale E. . . . . General Hosp. (7)  
 Dugan, William M. . . . . 410 Hume Mansur Bldg. (4)  
 Dunbar, Colin V. . . . . 424 Hume Mansur Bldg. (4)  
 Dunning, Lehman M. . . . . 2103 Central Ave. (2)  
 Dupes, Lowell E. . . . . 222 W. 73rd St. (20)  
 Dyar, Edwin W. . . . . 3202 N. Meridian St. (8)  
 Dyke, Richard W. . . . . General Hospital (7)  
 Dyken, Mark L. . . . . General Hosp. (7)

## E

Easter, James N. . . . . General Hospital (7)  
 Eastman, Joseph R., Jr. . . . .  
     514 Merchants National Bank Bldg. (4)  
 Eaton, Edwin R. . . . . 5505 N. Keystone Ave. (20)  
 Ebert, J. Wayne . . . . . 1125 Southview Dr. (27)  
 Eberwein, John H. (S) . . . . . 2322 Wheeler Ave. (18)  
 Egbert, Herbert L. . . . . 504 Hume Mansur Bldg. (4)  
 Edwards, Wendell L. . . . . General Hospital (7)  
 Eicher, Palmer O. . . . . 3209 N. Meridian St. (8)  
 Eikenberry, Hugh W. . . . . 616 Bankers Trust Bldg. (4)  
 Eldridge, Gail E. . . . . 1440 E. 46th St. (5)  
 Elkins, James P. . . . . 234 E. Southern Ave. (25)  
 Ellis, William N. . . . . 1402 N. Olney St. (1)  
 Emhardt, John T. . . . . 1621 S. East St. (25)  
 Emhardt, John W. A. . . . . 512 E. Minnesota St. (25)  
 Ensminger, Leonard A. (S) . . . . .  
     1321 N. Meridian St. (2)  
 Evans, Frederick H. . . . . General Hosp. (7)  
 Evans, Paul V. . . . . General Hospital (7)  
 Everly, Ralph V. . . . . 668 E. Maple Rd. (5)

## F

Failey, Robert B., Jr. . . . . I. U. Medical Center (7)  
 Farrell, Joseph T. . . . . 2807 E. Michigan St. (1)  
 Fausset, C. Basil . . . . . 2901 N. Meridian St. (8)  
 Ferry, Francis A. . . . . 1429 Shelby St. (3)  
 Fields, Don C. . . . . General Hosp. (7)  
 Fine, Nathaniel J. . . . . 764 S. Emerson Ave. (3)  
 Finneran, Joseph C. . . . . 1802 N. Illinois St. (2)  
 Fisch, Charles . . . . . 3120 N. Meridian St. (8)  
 Fischer, Albert A. . . . . 1745 Howard St. (21)  
 Fitzgerald, William J. . . . .  
     313 Fountain Square Theatre Bldg. (3)  
 Flanagan, Paul M. . . . . 3311 N. Meridian St. (8)  
 Flanders, Robert J. . . . . 3202 N. Meridian St. (8)  
 Flanigan, Meredith B. . . . . 2920 W. 33rd St. (22)  
 Fleischl, Herbert . . . . . Central State Hospital (22)  
 Flick, John J. . . . . 1443 N. Pennsylvania St. (2)  
 Flora, Joseph O. . . . . 4317 W. Washington St. (21)  
 Folkening, Norval C. . . . . 234 E. Southern Ave. (25)  
 Foreman, Harry L. . . . . 60 W. 30th St. (8)  
 Forry, Frank . . . . . I. U. Medical Center (7)  
 Foster, Lee N. . . . . St. Vincent's Hospital (7)  
 Fouts, Paul J. . . . . 522 Hume Mansur Bldg. (4)  
 Franklin, William L. . . . . 508 Hume Mansur Bldg. (4)  
 Freed, Carl A. . . . . 2966 Kessler Blvd., N. Dr. (22)  
 Freeman, Leslie W. . . . . I. U. Medical Center (7)  
 Freeman, Max E. . . . . 1745 Howard St. (21)  
 Fritsch, Louis E. (S) . . . . . 7015 College Ave. (20)  
 Fromhold, Willis A. . . . . 611 Bankers Trust Bldg. (4)  
 Fry, Robert D. . . . . 517 Hume Mansur Bldg. (4)  
 Funkhouser, Elmer . . . . . 702 Underwriters Bldg. (4)

## G

Gaddy, Euclid T. . . . . 2602 W. Washington St. (22)  
 Gambill, William D. . . . . 1633 N. Capitol Ave. (2)  
 Gammieri, Robert L. . . . . 3326 Clifton St. (23)  
 Garber, J. Neill . . . . . 806 Hume Mansur Bldg. (4)  
 Garceau, George J. . . . . 508 Hume Mansur Bldg. (4)  
 Gard, Daniel A. . . . . Box 7606 (Irvington Station)  
 Gardiner, Sprague H. . . . . 314 Hume Mansur Bldg. (4)  
 Gardner, Buckman . . . . . St. Vincent's Hospital (7)  
 Garfield, Martin D. . . . . 3705 College Ave. (5)  
 Garner, William (S) . . . . . 2911 E. 10th St. (1)  
 Garner, W. Stanley . . . . . 2911 E. 10th St. (1)  
 Garrett, John D. (S) . . . . . 2523 Central Ave. (5)  
 Garrett, Robert A. . . . . I. U. Medical Center (7)  
 Gastineau, David C. . . . . I. U. Medical Center (7)  
 Gastineau, Frank M. . . . . 407 Hume Mansur Bldg. (4)  
 Gatch, Willis D. (S) . . . . . 605 Hume Mansur Bldg. (4)  
 Geider, Roy A. . . . . 1443 Prospect St. (3)  
 Genna, Mary E. Miller . . . . . I. U. Medical Center (7)  
 Genovese, Pasquale . . . . .  
     V. A. Hospital, 1481 W. 10th St. (7)  
 George, Charles L. . . . . I.U. Medical Center (7)  
 Gibson, Greta Maxine . . . . . 5744 Broadway Terrace (20)  
 Gick, Herman H. . . . . 2705 E. Michigan St. (1)  
 Gifford, Fred E. . . . . 710 Hume Mansur Bldg. (4)  
 Gillespie, Charles F. . . . . 3209 N. Meridian St. (8)  
 Gillespie, Jacob E. . . . . 523 Hume Mansur Bldg. (4)  
 Glass, Robert L. . . . . 608 Hume Mansur Bldg. (4)  
 Glendening, John L. . . . . 3134 N. Delaware St. (5)  
 Goldman, Samuel . . . . . 1204 Oliver Ave. (21)  
 Goodwin, Caroline J. . . . . 3551 Washington Blvd. (5)  
 Gormley, Joseph J. . . . . 2369 Goodlet (23)  
 Gosman, James H. . . . . 2901 N. Meridian St. (8)  
 Graham, John D. . . . . Methodist Hospital (7)  
 Graves, John W. . . . . 943½ N. Bancroft Ave. (1)  
 Green, Oscar . . . . . 3120 N. Meridian St. (8)  
 Greene, Morgan E. . . . . 1621 S. East St. (25)  
 Greist, John H. . . . . 2901 N. Meridian St. (8)  
 Griffith, Richard S. . . . .  
     Lilly Clinic, General Hospital (7)  
 Griffith, Ross E. . . . . 401 E. 34th St. (5)  
 Grimes, Hubert N. . . . . 2502 English Ave. (1)  
 Grisell, Ted L. . . . . 504 Hume Mansur Bldg. (4)  
 Gruber, Charles M. . . . .  
     Lilly Clinic, General Hospital (7)  
 Guttman, John B. . . . . Methodist Hospital (7)

## H

Habegger, Elmer D. . . . . 920 Hume Mansur Bldg. (4)  
 Habich, Carl . . . . . 702 Hume Mansur Bldg. (4)  
 Hadley, David . . . . . 809 Hume Mansur Bldg. (4)  
 Haggard, Edmund B. . . . . 5914 N. Emerson Ave. (20)  
 Hahn, E. Vernon . . . . . 912 Hume Mansur Bldg. (4)  
 Hall, Frank M. . . . . 141 S. Meridian St. (25)  
 Hall, Jack H. . . . . Methodist Hospital (7)  
 Hamer, Homer G. (S) . . . . . 1711 N. Capitol Ave. (7)  
 Hammond, James B. . . . .  
     Lilly Clinic, General Hospital (7)  
 Hampshire, Donald R. . . . . 1443 N. Pennsylvania St. (2)  
 Hancock, John G. . . . . 2226 W. Michigan St. (22)  
 Hann, Eldon C. . . . . I. U. Medical Center (7)  
 Hanna, Thomas A. . . . . 1608 N. Lynhurst Dr. (24)  
 Hansell, Robert M. . . . . 7 N. Euclid Ave. (1)  
 Harcourt, Allan K. . . . . 812 C. of C. Bldg. (4)  
 Harding, M. Richard . . . . . 308 Hume Mansur Bldg. (4)  
 Harding, Myron S. . . . . 308 Hume Mansur Bldg. (4)  
 Harding, Paul C. . . . .  
     VA Hospital, 1481 W. Tenth St. (7)  
 Hare, Earl H. . . . .  
     Indiana State Board of Health 1330 W.  
     Michigan St. (7)  
 Hare, Laura . . . . . 404 Hume Mansur Bldg. (4)  
 Harger, Robert W. . . . . 804 Hume Mansur Bldg. (4)  
 Harold, Albert H. (S) . . . . . R. R. #19, Box 649 (20)  
 Harold, Norris E. (S) . . . . . 3545 N. Denny St. (18)  
 Harris, Carl B. . . . . 319 Hume Mansur Bldg. (4)  
 Harris, Jackson . . . . . I. U. Medical Center (7)  
 Harris, Paul N. . . . .  
     Eli Lilly & Co., 740 S. Alabama St. (6)



Harshman, James A. . . . . I. U. Medical Center (7)  
 Harvey, Verne K., Jr.  
     Indiana State Board of Health 1330 W.  
     Michigan (7)  
 Hasewinkel, Carroll W. . . . . Methodist Hospital (7)  
 Haslinger, Clarence J. . . . . 2151 E. New York St. (1)  
 Hatfield, Jack J. . . . . 802 C. of C. Bldg. (4)  
 Hatfield, Nicholas W. . . . . 2032 N. Rural St. (18)  
 Hawk, James H. . . . . 3736 N. Delaware St. (5)  
 Haymond, Joseph L. . . . . 301 E. Maple Rd. (5)  
 Haynes, John T. . . . . Methodist Hospital (7)  
 Hays, Everett L. . . . . 2607 Manker Ave. (3)  
 Healey, Robert J. . . . . 3602 N. Meridian St. (8)  
 Hedrick, Philip W. . . . . 652 E. 54th St. (20)  
 Heimbürger, Robert F. . . . . I. U. Medical Center (7)  
 Hemsworth, Dorothy N. . . . . 1830 E. 10th St. (1)  
 Henderson, Francis G.  
     Eli Lilly & Co., 740 S. Alabama St. (6)  
 Henderson, Roscoe C. 3131 Northwestern Ave. (23)  
 Henderson, William P. . . . . I. U. Medical Center (7)  
 Hendricks, John W. . . . . 911 Hume Mansur Bldg. (4)  
 Henry, Russell S. . . . . 725 Hume Mansur Bldg. (4)  
 Hepburn, C. K. . . . . 1633 N. Capitol Ave. (2)  
 Hetherington, Arthur M. (S)  
     4121 E. New York St. (1)  
 Hetherington, John A. . . . . 1633 N. Capitol Ave. (2)  
 Heubi, John E. . . . . 668 E. Maple Rd. (5)  
 Hickman, Walter F. . . . . 1210 Oliver Ave. (21)  
 Hicks, Murwyn L. . . . . 4125 E. 61st St. (20)  
 Hicks, Wilbur D. . . . . 1540 Columbia Ave. (2)  
 Hildrup, Don G. . . . . 5672 N. Illinois St. (8)  
 Himler, James M. . . . . 809 Underwriters Bldg. (4)  
 Hine, Ulis B. . . . . 4808 E. Michigan St. (1)  
 Hines, Don C.  
     Eli Lilly & Co., 740 S. Alabama St. (6)  
 Hizon, Ester . . . . . Sunnyside Sanitarium (26)  
 Hodges, Fletcher (S)  
     V. A. Regional Office, 36 S. Pennsylvania St. (4)  
 Hoffman, Herman . . . . . 2439 Central Ave. (5)  
 Hofmann, J. William. 323 Hume Mansur Bldg. (4)  
 Holman, Jerome E. . . . . 3315 E. 10th St. (1)  
 Holman, Jerome E., Jr. . . . . 3315 E. 10th St. (1)  
 Hood, Ainslee A. . . . . 3205 Shelby St. (27)  
 Horwitz, Thomas . . . . . 424 Hume Mansur Bldg. (4)  
 Howell, Arthur . . . . . 2060 Boulevard Pl. (2)  
 Howell, Joseph D. . . . . 760 Bankers Trust Bldg. (4)  
 Howell, Robert D. . . . . 1802 N. Illinois St. (2)  
 Hoyt, Lester H. . . . . Methodist Hospital (7)  
 Hoyt, Marilyn C. . . . . I. U. Medical Center (7)  
 Hoyt, Millard L. . . . . 906 Hume Mansur Bldg. (4)  
 Hrisomalos, Frank N. . . . . General Hospital (7)  
 Hubbard, Jesse D. . . . . I. U. Medical Center (7)  
 Huber, Carl P. . . . . I. U. Medical Center (7)  
 Huddle, John R. . . . . 2963 N. Sherman Dr. (18)  
 Hudson, Foster J. . . . . 3440 N. Meridian St. (8)  
 Hull, Ronald H. . . . . 723 Hume Mansur Bldg. (4)  
 Hummons, Francis D. . . . . 729½ N. West St. (2)  
 Hurt, Laverne B. . . . . 635 E. Kessler Blvd. (20)  
 Hurteau, William W. . . . . Methodist Hospital (7)  
 Huse, William M. . . . . 703 Hume Mansur Bldg. (4)  
 Hynes, Roy T. . . . . 633 E. Maple Rd. (5)

## I

Irwin, Glenn W., Jr. . . . . I. U. Medical Center (7)  
 Iske, Paul G. . . . . 420 Hume Mansur Bldg. (4)

## J

Jackson, Frederick E. (S) . . . . . 2125 N. Park Ave. (2)  
 Jackson, James W. (S)  
     Indiana State Board of Health,  
     1330 W. Michigan St. (7)  
 Jaeger, Alfred S. (S) . . . . . 430 Bankers Trust Bldg. (4)  
 Jaquith, Orville S. (S) . . . . . 261 Blue Ridge Rd. (8)  
 Jay, Arthur N. . . . . 3233 N. Meridian St. (8)  
 Jay, James . . . . . General Hospital (7)  
 Jeffries, Kenneth I. (S) . . . . . 807 Virginia Ave. (3)  
 Jenkins, Robert E. . . . . 3311 N. Meridian St. (8)

Jennings, Frank L.  
     V. A. Hospital, 2601 Cold Springs Rd. (22)  
 Jewett, Joe H. . . . . 3120 N. Meridian St. (8)  
 Jinks, Clifford H. . . . . 666 E. 42nd St. (5)  
 Jobs, James E. . . . . 305 Traction Terminal Bldg. (4)  
 Jobs, Norman E. (S)  
     305 Traction Terminal Bldg. (4)  
 Johnson, Thomas W. . . . . 1802 N. Illinois St. (2)  
 Johnson, William F. (S) . . . . . 2121 N. Harding St. (2)  
 Jones, Allen W. . . . . 6060 College Ave. (20)  
 Jones, David E. . . . . 828 C. of C. Bldg. (4)  
 Jones, Francis P. . . . . 4212 E. Michigan St. (1)  
 Jones, Roland W. . . . . 707 Hume Mansur Bldg. (4)  
 Joseph, Rex M. . . . . 1615 S. East St. (25)  
 Jowitt, Richard H. . . . . 1502 N. Emerson (19)  
 Judy, Hubert E. . . . . 3602 N. Meridian St. (8)

## K

Kahler, Maurice V. . . . . 2338 W. Michigan St. (22)  
 Kahn, Alexander J. . . . . 3120 N. Meridian St. (8)  
 Kahn, Howard L. . . . . 3120 N. Meridian St. (8)  
 Kaiser, George C. . . . . I. U. Medical Center (7)  
 Kalb, Everett L. . . . . 356 S. Emerson Ave. (19)  
 Kammen, Leo . . . . . 3202 W. 16th St. (22)  
 Kammen, Robert . . . . . 3202 W. 16th St. (22)  
 Katterjohn, James C. . . . . 313 Hume Mansur Bldg. (4)  
 Kauffman, Nelson N. . . . . 2901 N. Meridian St. (8)  
 Kauffman, Sidney A. . . . . 1829 E. 46th St. (5)  
 Keenan, George B. . . . . 1743 Shelby St. (3)  
 Keenan, Reid L. . . . . 615 Hume Mansur Bldg. (4)  
 Kever, Charles H. . . . . 5214 College Ave. (20)  
 Keiser, Venice D. . . . . 5709 Broadway (20)  
 Kelly, Don E. . . . . 702 Underwriters Bldg. (4)  
 Kelly, John F. . . . . Indianapolis  
 Kelly, Walter F. (S) . . . . . 6016 E. Washington St. (19)  
 Kelly, William M. . . . . 6049 E. Washington St. (19)  
 Kennedy, Hall . . . . . 2152 N. Meridian St. (2)  
 Kennedy, Hunter F. . . . . 1105 Prospect St. (3)  
 Kennedy, Joseph T. . . . . Community Hospital  
 Kenney, David B. . . . . 701 N. Emerson Ave. (19)  
 Kerr, Harry R. . . . . 2817 E. Washington St. (1)  
 Ketcham, Jane M. (S) . . . . . 514 Hume Mansur Bldg. (4)  
 Kilgore, Byron W. . . . . 3133 E. 38th St. (18)  
 Kilmer, Warren L. . . . . General Hospital (7)  
 Kime, Edwin N. . . . . 711 Underwriters Bldg. (4)  
 King, Harold . . . . . I. U. Medical Center (7)  
 King, William E. . . . . 811 Hume Mansur Bldg. (4)  
 King, William F. (S) . . . . . 509 Blue Ridge Rd. (8)  
 Kingsbury, John K. . . . . 5462 E. Washington St. (19)  
 Kinzel, Robert J. W. . . . . 3120 N. Meridian St. (8)  
 Kirkhoff, Paul J. . . . . 1517 N. Emerson Ave. (19)  
 Kirklin, Oren L. . . . . 1802 N. Illinois St. (2)  
 Kirtley, William R.  
     Eli Lilly & Co., 740 S. Alabama St.

Kiser, Edgar F. (S) . . . . . 226 Hume Mansur Bldg. (4)  
 Kitterman, Harry E. . . . . 510 Hume Mansur Bldg. (4)  
 Klain, Benjamin V. . . . . 4157 College Ave. (5)  
 Klaus, Julius M. . . . . 5505 N. Keystone Ave. (20)  
 Knowles, Charles Y. . . . . 5045 E. 10th St. (1)  
 Knowles, Robert P. . . . . 2901 N. Meridian St. (8)  
 Kohlstaedt, Karl C.  
     Eli Lilly & Co., 740 S. Alabama St. (6)  
 Kohlstaedt, Kenneth G.  
     Lilly Clinic, General Hospital (7)  
 Kooiker, John E. . . . . 401 E. 34th St. (5)  
 Koons, Karl M. . . . . 923 Hume Mansur Bldg. (4)  
 Kopecky, Robert R. . . . . 4131 Shelby St. (27)  
 Kornafel, L. H. . . . . 608 K. of P. Bldg. (4)  
 Kraft, Bennett . . . . . 760 Bankers Trust Bldg. (4)  
 Kriel, William B. . . . . 5630 W. Washington St. (21)  
 Kuder, Howard V. . . . . 1225 N. Butler (19)  
 Kuntz, Herman W. . . . . 501 Hume Mansur Bldg. (4)  
 Kurtz, Fred B. (S) . . . . . 5520 N. Illinois St. (8)  
 Kurtz, Philip L.  
     Eli Lilly & Co., 740 S. Alabama St. (6)  
 Kwitny, Isadore J. . . . . 3209 N. Meridian St. (8)



## L

LaDine, Clarence B. . . . . 2508 Station St. (18)  
 Lamb, Emmett B. . . . . 205 Hume Mansur Bldg. (4)  
 Lamb, Russell W. . . . . 205 Hume Mansur Bldg. (4)  
 Lamber, Chet K. . . . . 914 Hume Mansur Bldg. (4)  
 Lambert, Ross W. . . . . St. Vincent's Hospital (7)  
 Landis, Charles . . . . . I. U. Medical Center (7)  
 Landwehr, Alfons . . . . . Sunnyside Sanitorium (26)  
 Langdon, Harry K. (S) . . . . . 3264 N. Pennsylvania St. (5)  
 Laramore, Ward . . . . . 5835 N. Keystone Ave. (20)  
 Larkin, Bernard J. . . . . 305 Hume Mansur Bldg. (4)  
 Lawler, George F. . . . . 5601 E. St. Clair St. (1)  
 Leasure, J. Kent. . . . . 611 Hume Mansur Bldg. (4)  
 Leatherman, Harter L. . . . . 1531 Broadway (2)  
 Leff, Abe H. . . . . General Hospital (7)  
 Leffel, James M. . . . . 1633 N. Capitol Ave. (2)  
 Leffler, William T. . . . . 2141 E. 52nd St. (5)  
 Lein, John . . . . . General Hosp. (7)  
 LeMaster, Theodore R. . . . . 805 Hume Mansur Bldg. (4)  
 Leonard, Henry S. (S) . . . . . 303 Hume Mansur Bldg. (4)  
 Leser, Ralph U. . . . . 3233 N. Meridian St. (8)  
 Levi, Leon . . . . . 40 W. Maple Rd. (8)  
 Levin, Ralph T. . . . . 3209 N. Meridian St. (8)  
 Libbert, Edwin L. . . . . V. A. Regional Office, 36 S. Pennsylvania St. (4)  
 Libbert, Edwin L., Jr. . . . . 206 N. Warman Ave. (22)  
 Lichtenberg, Melvin . . . . . 535 E. Maple Rd. (5)  
 Lidikay, Edward C. . . . . 621 Hume Mansur Bldg. (4)  
 Lindenberg, Paul G. . . . . 4816 N. Illinois St. (8)  
 Lingeman, Raleigh E. . . . . 1802 N. Illinois St. (2)  
 Lingeman, Roger E. . . . . 2081 N. Emerson Ave. (18)  
 Link, Goethe (S) . . . . . 608 K. of P. Bldg. (4)  
 Little, John W. (S) . . . . . 2735 E. 10th St. (1)  
 Little, William J. . . . . 712 Hume Mansur Bldg. (4)  
 Littlefield, Paul A. . . . . 3202 Medford Ave. (22)  
 Littlefield, Shirley D. . . . . I. U. Medical Center (7)  
 Lloyd, Frank P. . . . . 1540 Columbia Ave. (2)  
 Lochry, Ralph L. . . . . 6150 Crow's Nest Dr. (8)  
 Loehr, William M. . . . . I. U. Medical Center (7)  
 Long, William H. (S) . . . . . R. R. 18, Box 534  
 Loomis, Norman S. . . . . 5230 N. Kenwood Ave. (8)  
 Lord, Glenn C. . . . . 104 E. Maple Rd. (5)  
 Louden, Robert W. . . . . 8545 Westfield Blvd. (20)  
 Love, George N. . . . . 1644 N. Delaware St. (2)  
 Lozow, David . . . . . 3939 Meadows Dr. (5)  
 Lucas, Clarence A., Jr. . . . . 2012 Boulevard Pl. (2)  
 Ludwig, Oscar D. (S) . . . . . 2251 S. Ransdell (25)  
 Lukemeyer, George T. . . . . I. U. Medical Center (7)  
 Lurie, Paul R. . . . . I. U. Medical Center (7)  
 Luros, J. Theodore . . . . . 1633 N. Capitol Ave. (2)  
 Lybrook, William B. . . . . 3731 N. Keystone Ave. (18)

## M

MacDougall, John D. . . . . I. U. Medical Center (7)  
 McAree, Francis E. . . . . 6644 E. Washington St. (19)  
 McBride, James S. . . . . 810 Hume Mansur Bldg. (4)  
 McCallum, Joseph T. C. . . . . 237 W. 46th St. (8)  
 McCartney, Donald H. . . . . 918 Hume Mansur Bldg. (4)  
 McCaskey, Carl H. (S) . . . . . 608 Guaranty Bldg. (4)  
 McClain, Edwin S. . . . . 414 Hume Mansur Bldg. (4)  
 McCormick, Charles O. . . . . 621 Hume Mansur Bldg. (4)  
 McCormick, Charles O., Jr. . . . . 621 Hume Mansur Bldg. (4)  
 McCoy, Melvin H. . . . . 428 Bankers Trust Bldg. (4)  
 McDevitt, Daniel R. . . . . 3202 N. Meridian St. (8)  
 McGrath, Michael F. . . . . 1929 E. 38th St. (18)  
 McGuff, Paul E. . . . . 605 E. Maple Rd. (5)  
 McIntyre, Charles J. (S) . . . . . 414 Hume Mansur Bldg. (4)  
 McIntyre, James M. . . . . 2901 N. Meridian St. (8)  
 McMillan, Frederick G. (S) . . . . . 1110 Odd Fellows Bldg. (4)  
 McQuiston, Ralph J. . . . . 608 Guaranty Bldg. (4)  
 McTurnan, Robert W. . . . . 5646 N. Illinois St. (8)  
 Mackey, Harry S. . . . . 4309 Central Ave. (5)  
 Mackey, John E. . . . . 3209 N. Meridian St. (8)  
 Madden, Robert J. . . . . 4612 E. Tenth St. (1)

Madtson, A. Ricks . . . . . 822 Hume Mansur Bldg. (4)  
 Magennis, Herbert L. . . . . 468½ W. Washington St. (4)  
 Magid, Bernard . . . . . General Hosp. (7)  
 Mahaffey, John E. . . . . General Hospital (7)  
 Manalan, Maurice M. . . . . 5831 E. Washington St. (19)  
 Manders, Karl L. . . . . 2901 N. Meridian St. (8)  
 Maniaci, George . . . . . General Hospital (7)  
 Manion, Marlow W. . . . . 601 Hume Mansur Bldg. (4)  
 Mann, Mortimer . . . . . 3602 N. Meridian St. (8)  
 Manning, K. Randolph . . . . . 723 Hume Mansur Bldg. (4)  
 Manzie, Michael W. . . . . General Hospital (7)  
 Marks, Maurice I. . . . . 2901 N. Meridian St. (8)  
 Marsh, Carl M. . . . . 2626 N. Alabama St. (5)  
 Marshall, Albert L., Jr. . . . . Indiana State Board of Health,  
 1330 W. Michigan St. (7)  
 Marshall, Cavins R. . . . . 43 W. 30th St. (8)  
 Marshall, Thomas R. . . . . I. U. Medical Center (7)  
 Martin, Hugh E. . . . . Pitman-Moore Co., 1200 Madison Ave. (6)  
 Martin, Loren H. . . . . 2626 W. Washington St. (22)  
 Martz, Bill L. . . . . Lilly Clinic, General Hospital (7)  
 Martz, Carl D. . . . . 612 Hume Mansur Bldg. (4)  
 Marvel, Robert J. . . . . 3311 N. Meridian St. (8)  
 Masters, John M. . . . . 805 Hume Mansur Bldg. (4)  
 Masters, Robert J. . . . . 805 Hume Mansur Bldg. (4)  
 Matthew, W. Burleigh . . . . . 520 Hume Mansur Bldg. (4)  
 Matthews, Bernard J. . . . . 4612 E. 10th St. (1)  
 Matthews, William M. . . . . 4612 E. 10th St. (1)  
 Maxam, B. T. . . . . 400 Hume Mansur Bldg. (4)  
 Meaney, James J. . . . . LaRue Carter Hospital, 1315 W. Tenth St. (7)  
 Megenhardt, Dennis S. . . . . 1633 N. Capitol Ave. (2)  
 Meiks, Lyman T. . . . . Riley Hospital (7)  
 Melin, John R. . . . . 3440 N. Meridian St. (8)  
 Melloh, Ardis F. . . . . 2821 E. 10th St. (1)  
 Mendenhall, Clarence D. . . . . 4016 E. Washington St. (1)  
 Mentendiek, Maurice H. . . . . 205 Hume Mansur Bldg. (4)  
 Mericle, Earl W. . . . . 1633 N. Capitol Ave. (2)  
 Merrell, Paul . . . . . 420 Hume Mansur Bldg. (4)  
 Mershon, Jack B. . . . . Community Hospital (19)  
 Mertz, Henry O. . . . . 5950 Central Ave. (20)  
 Mertz, John H. O. . . . . 1711 N. Capitol Ave. (7)  
 Middleton, Harvey N. . . . . 1828 N. Illinois St. (2)  
 Milan, Joseph F. . . . . 1633 N. Capitol Ave. (2)  
 Millar, Glenn C. . . . . Methodist Hospital (7)  
 Miller, Charles L. . . . . I. U. Medical Center (7)  
 Miller, Frank H. . . . . 424 Hume Mansur Bldg. (4)  
 Miller, J. Don (S) . . . . . 514 Hume Mansur Bldg. (4)  
 Miller, John D. . . . . Sunnyside Sanitorium (26)  
 Miller, Raleigh S. . . . . 6211 College Ave. (20)  
 Miller, Roscoe E. . . . . I. U. Medical Center (7)  
 Miller, Wallace E. . . . . 510 Hume Mansur Bldg. (4)  
 Mitchell, Earl H. . . . . 1023 King Ave. (22)  
 Mitchell, Edward O. . . . . 5704 N. Keystone Ave. (20)  
 Mitchell, George H. . . . . General Hosp. (7)  
 Moenning, Walter P. . . . . 618 K. of P. Bldg. (4)  
 Molt, William F. (S) . . . . . 2315 N. Talbot Ave. (5)  
 Montgomery, William F. . . . . 904 Hume Mansur Bldg. (4)  
 Moore, Ben B. . . . . 414 Hume Mansur Bldg. (4)  
 Moore, Donald F. . . . . LaRue Carter Hospital, 1315 W. 10th St. (7)  
 Moore, Richard B. . . . . 5005 N. Illinois St. (8)  
 Moore, Harold T. . . . . 3220 N. Sharon Ave. (22)  
 Morchan, Samuel . . . . . 3769 College Ave. (5)  
 Morgan, Margaret E. . . . . I. U. Medical Center (7)  
 Morgan, Snead W. . . . . 904 Hume Mansur Bldg. (4)  
 Mori, Victor M. . . . . General Hospital (7)  
 Moriarty, John R. . . . . 5602 Madison Ave. (3)  
 Morrison, Lewis E. . . . . 603 Hume Mansur Bldg. (4)  
 Morrow, Robert E. . . . . St. Vincent's Hospital (7)  
 Morton, Joseph L. . . . . St. Vincent's Hosp. (7)  
 Morton, Walter P. . . . . 623 Hume Mansur Bldg. (4)  
 Moser, Rollin H. . . . . 400 Hume Mansur Bldg. (4)  
 Moss, Bobby L. . . . . 4533 E. 21st St. (18)



Mothersill, Mark H. .... 3650 College Ave. (5)  
 Moulton, Lillian G. .... 1327 N. Pennsylvania St. (2)  
 Mouser, Robert W. .... 6047 N. Meridian St. (20)  
 Mullen, James B. ....  
     V. A. Hosp., 1481 W. Tenth St. (7)  
 Mueller, Lillian B. .... 4026 Broadway (5)  
 Muller, Lullus P. .... 3120 N. Meridian St. (8)  
 Muller, Paul F. .... 3311 N. Meridian St. (8)  
 Muller, Victor H. .... St. Vincent's Hosp. (7)  
 Mumford, E. Bishop (S) .... 812 C. of C. Bldg. (4)  
 Myers, Charles W. .... R. R. 18, Box 256 (24)  
 Myers, Roy V. .... 1904 N. Rural St. (18)

## N

Nafe, Cleon A. .... 822 Hume Mansur Bldg. (4)  
 Nagan, Robert F. .... 606 Hume Mansur Bldg. (4)  
 Nay, Richard M. .... 1015 Hume Mansur Bldg. (4)  
 Need, Louis T. .... 1927 S. Meridian St. (25)  
 Nelson, Audrey H. ....

    LaRue Carter Hospital, 1315 W. Tenth St. (7)  
 Nelson, John W. .... I. U. Medical Center (7)  
 Nester, Henry G. .... 307 City Hall (4)  
 Nicholas, Dennis. .... 2425 E. 38th St. (18)  
 Nie, Louis W. .... 2901 N. Meridian St. (8)  
 Noble, Thomas B. .... 19 W. 56th St. (8)  
 Nohl, John M. .... 975 N. Emerson Ave. (19)  
 Nolin, Richard T. .... 6007 Michigan Rd. (8)  
 Nolting, Henry F. .... 261 W. 40th St. (8)  
 Norman, William H. .... 908 Hume Mansur Bldg. (4)  
 Norris, Howard L. .... 704 Hume Mansur Bldg. (4)  
 Norris, Max S. .... 514 Hume Mansur Bldg. (4)  
 Nourse, Myron H. .... 1711 N. Capitol Ave. (7)  
 Nugent, Edwin J. .... Allison Div. GMC (6)  
 Nurnberger, John I. .... I. U. Medical Center (7)

## O

O'Brian, Earl J. .... 3041 Lafayette Rd. (22)  
 Ochsner, Harold C. .... Methodist Hospital (7)  
 Offutt, Andrew C. .... Indiana State Board of Health,  
     1330 W. Michigan St. (7)  
 Olson, John R. .... 313 Hume Mansur Bldg. (4)  
 Olvey, Ottis N. .... 3769 Park Ave. (5)  
 O'Malley, Martha A. .... Ind. St. Bd. of Health  
     1330 W. Michigan St. (7)  
 Orders, Clark E. (S) .... 440 Bankers Trust Bldg. (4)  
 Otten, Claude F. .... 812 C. of C. Bldg. (4)  
 Ottinger, Ross C. .... 5211 N. Meridian St. (8)  
 Owen, John E. .... 605 Hume Mansur Bldg. (4)  
 Owens, Tracy C. .... 2823 N. Meridian St. (8)

## P

Palmer, Charman F. .... Methodist Hosp. (7)  
 Palmer, Harley P. .... 2023 East Stop 8 Rd. (27)  
 Palmer, Robert M. .... I. U. Medical Center (7)  
 Palmer, Robert W. .... 1633 N. Capitol Ave. (2)  
 Pandolfo, Harry. .... 234 E. Southern Ave. (25)  
 Park, Byron J. .... I. U. Medical Center (7)  
 Parker, George F., Jr. .... 1502 N. Emerson Ave. (19)  
 Parker, John F. .... 1706 E. Washington St. (1)  
 Parker, Portia. .... 2226 W. Michigan St. (22)  
 Parr, Robert L. .... 3043 E. 38th St. (18)  
 Parrish, Richard K. .... I.U. Medical Center (7)  
 Paskind, J. .... General Hospital (7)  
 Patton, Martin T. .... 107 W. 30th St. (8)  
 Paulissen, George T. .... 741 Markwood Ave. (27)  
 Pearson, John S. .... American United Life Ins. Co.,  
     30 W. Fall Creek Parkway (6)  
 Pearson, Lyman R. .... 311 Hume Mansur Bldg. (4)  
 Pebworth, Aubrey C. (S) .... 1625 W. Morris St. (21)  
 Peck, Franklin B., Jr. ....

    Lilly Clinic General Hosp. (7)  
 Peck, Franklin B. ....  
     Eli Lilly & Co., 740 S. Alabama St. (6)  
 Peirce, James D. ....

    Eli Lilly & Co., 740 S. Alabama St. (6)  
 Pennington, Walter E. .... 214 Hume Mansur Bldg. (4)  
 Perlov, Sylvan H. .... 5505 N. Keystone Ave. (20)  
 Permer, Erwin. .... 136 E. 30th St. (5)  
 Perucca, Leo G. .... 3148 N. Kessler Blvd. (22)  
 Peterson, Deward D. .... General Hospital (7)  
 Petranoff, Theodore V. .... 515 N. Tibbs Ave. (22)

Pettijohn, Fred L. (S) .... 2460 Central Ave. (5)  
 Pfaff, Dudley A. ....

    V. A. Regional Office, 36 S. Pennsylvania St. (4)  
 Phillips, David L. .... 605 E. Maple Rd. (5)  
 Pickett, Robert D. .... 400 Hume Mansur Bldg. (4)  
 Pierce, Emmett, Jr. .... General Hospital (7)  
 Pierce, William J. .... Methodist Hospital (7)  
 Pilcher, Jack E. .... 1802 N. Illinois St. (2)  
 Pinsky, Sheldon T. .... General Hospital (7)  
 Pontius, Edwin E. .... Methodist Hosp. (7)  
 Popplewell, Arvine G. .... General Hospital (7)  
 Porter, George S. .... I. U. Medical Center (7)  
 Price, Francis W. .... 1002 E. Troy Ave. (3)  
 Price, James O. .... 512 Hume Mansur Bldg. (4)  
 Pryor, Richard C. .... 6111 College Ave. (20)

## Q

Quigley, Joseph B. .... 817 Hume Mansur Bldg. (4)

## R

Rabb, Harry S. .... 3139 E. 10th St. (1)  
 Raber, Robert M. .... 1633 N. Capitol Ave. (2)  
 Rader, George S. .... 1010 Hume Mansur Bldg. (4)  
 Radigan, Leo R. ....

    VA Hospital, 1481 W. Tenth St. (7)  
 Ralston, John D. .... Central State Hosp. (22)  
 Ramsey, Frank B. .... 1802 N. Illinois St. (2)  
 Reed, Philip B. .... 1800 E. 10th St. (1)  
 Rees, Russel C. .... 6114 E. Washington St. (19)  
 Reid, Charles A. .... 2445 Shelby St. (3)  
 Reid, Robert H. .... Methodist Hospital (7)  
 Reisler, Simon. .... 318 Bankers Trust Bldg. (4)  
 Rhamy, Robert K. .... I. U. Medical Center (7)  
 Rhodes, Theodore D. .... R. R. 12, Box 241R  
 Rice, Frederic A. .... 7017 Pendleton Pike (26)  
 Rice, Raymond M. ....

    Eli Lilly & Co., 740 S. Alabama St. (6)  
 Rice, Reed P. .... EDC #11C, Ft. Harrison Village  
 Richardson, Thad T. .... 513 S. Sherman Dr. (3)  
 Richter, Arthur B. .... 720 Hume Mansur Bldg. (4)  
 Ricketts, Joseph W. .... 2901 N. Meridian St. (8)  
 Ridgeway, Ora W. (S) .... 411 E. 16th St. (2)  
 Rigg, John F. .... 421 Hume Mansur Bldg. (4)  
 Ritchey, James O. .... 608 Hume Mansur Bldg. (4)  
 Ritter, Wayne L. .... 404 Hume Mansur Bldg. (4)  
 Robb, John A. .... 238 Hume Mansur Bldg. (4)  
 Robertson, Ray B. .... 6118 E. Washington St. (19)  
 Rogers, Donald L. .... 3426 N. Meridian St. (8)  
 Roggenkamp, Milton W. ....

    6347 Forest View Dr. (20)  
 Rohn, Robert J. .... I. U. Medical Center (7)  
 Roll, John W. .... 3628 N. Sherman Dr. (18)  
 Roller, Charles W. (S) .... 915 Hervey (3)  
 Romberger, Floyd T., Jr. .... 3440 N. Meridian St. (8)  
 Rosenak, Bernard D. .... 226 Hume Mansur Bldg. (4)  
 Rosenbaum, David ....

    V. A. Hospital, 1481 W. 10th St. (7)  
 Rosenbaum, Irving, Jr. .... 401 E. 34th St. (5)  
 Roshe, Joseph. .... I. U. Medical Center (7)  
 Ross, Alexander T. .... I. U. Medical Center (7)  
 Roth, Bertram S. .... 6378 College Ave. (20)  
 Row, D. Hamilton .... 906 Hume Mansur Bldg. (4)  
 Rubin, Gerald S. .... 624 Hume Mansur Bldg. (4)  
 Ruddell, Karl R. .... 3202 N. Meridian St. (8)  
 Ruddell, Keith. .... 3202 N. Meridian St. (8)  
 Rudesill, Cecil L. .... 405 Hume Mansur Bldg. (4)  
 Rudesill, Robert L. .... 405 Hume Mansur Bldg. (4)  
 Rupel, Ernest. .... 419 Hume Mansur Bldg. (4)  
 Russell, John R. .... I. U. Medical Center (7)  
 Rust, Byron K. .... 3740 Central Ave. (5)  
 Rust, Roland B. .... 3939 Meadows Drive (5)  
 Ruth, Martin L. .... 4304 E. Washington St. (1)  
 Rutherford, Cyrus W. (S) ....

    4601 N. Pennsylvania St. (5)  
 Ryan, Glen V. .... 2428 W. 16th St. (22)

## S

Sage, Russell A. .... 505 Hume Mansur Bldg. (5)  
 Salb, Max C. .... 826 C. of C. Bldg. (4)



- Sanders, Harry M. . . . . 3760 N. Sherman Dr. (18)  
 Sandorf, Marvin H. . . . . 1102 Prospect St. (3)  
 Schaefer, C. Richard (S) . . . . 20 Doctors' Bldg. (4)  
 Schaffer, Edward V. . . . . 806 Hume Mansur Bldg. (4)  
 Schechter, John S. . . . . 3209 N. Meridian St. (8)  
 Scheier, Emil W. . . . . 1542 Prospect St. (3)  
 Schlaegel, Theodore F., Jr. . . . . 624 Hume Mansur Bldg. (4)  
 Schlegel, Donald M. . . . . 1802 N. Illinois St. (2)  
 Schmidt, Loren F. . . . . 605 Hume Mansur Bldg. (4)  
 Schneider, Carl J. . . . . 1008 N. Beville Ave. (1)  
 Schuchman, Abe . . . . . 3763 Broadway (5)  
 Schuchman, Gabriel . . . . . 3451 College Ave. (5)  
 Schuster, Dwight W. . . . . 723 Hume Mansur Bldg. (4)  
 Schwarz, Anton . . . . . Pitman-Moore Co., 1200 Madison Ave. (6)  
 Scott, George E. . . . . 3636 N. Layman Ave. (18)  
 Scott, I. Winfield . . . . . 3209 N. Meridian St. (8)  
 Scott, John R. . . . . 6214 Broadway (20)  
 Scott, Robert P. . . . . 209 Hume Mansur Bldg. (4)  
 Scott, Samuel L. . . . . 6325 Guilford Ave. (20)  
 Seaman, Charles F. . . . . 1010 Hume Mansur Bldg. (4)  
 Sedam, Herbert L. . . . . 4548 College Ave. (5)  
 Segar, Louis H. . . . . 818 E. 48th St. (5)  
 Segar, William E. . . . . Riley Hosp. (7)  
 Sellmer, George W. . . . . 8545 Westfield Blvd. (20)  
 Sexson, Hiram T. . . . . 3731 N. Keystone (18)  
 Shafer, Marion R. . . . . 614 Hume Mansur Bldg. (4)  
 Shanafelt, Donald K. . . . . 1802 N. Illinois St. (2)  
 Sheehan, Francis G. . . . . 6016 E. Washington St. (19)  
 Shelley, Richard . . . . . Methodist Hospital (7)  
 Sherster, Harry . . . . . 1135 S. Meridian St. (25)  
 Shoptaugh, A. Glenn, Jr. . . . . I. U. Medical Center (7)  
 Shrigley, Edward W. . . . . I. U. Medical Center (7)  
 Shullenberger, Wendell A. . . . . 3740 Central Ave. (5)  
 Shumacker, Harris B., Jr. . . . . I. U. Medical Center (7)  
 Sicks, Okla W. . . . . 606 Hume Mansur Bldg. (4)  
 Sidebottom, Earl W. . . . . 507 Hume Mansur Bldg. (4)  
 Siebe, Jack C. . . . . 7576 Pendleton Pike (26)  
 Siersdorfer, Theodore N. (S) . . . . . 6003 W. Washington St. (21)  
 Sigmond, Harvey W. . . . . 321 Hume Mansur Bldg. (4)  
 Simmons, James E. . . . . 1949 E. 11th St. (1)  
 Simms, J. Leon . . . . . 2453 Northwestern Ave. (23)  
 Simpson, William D. . . . . 1121 N. Arlington Ave. (19)  
 Sims, J. Lawrence . . . . . 809 Hume Mansur Bldg. (4)  
 Sluss, David H. . . . . 808 C. of C. Bldg. (4)  
 Sluss, John W. (S) . . . . . 808 C. of C. Bldg. (4)  
 Smith, Charles F. . . . . 712 Hume Mansur Bldg. (4)  
 Smith, David Joe . . . . . L. S. Ayres & Co. (9)  
 Smith, David L. . . . . 2901 N. Meridian St. (8)  
 Smith, Edward B. . . . . I. U. Medical Center (7)  
 Smith, E. Rogers . . . . . 822 Hume Mansur Bldg. (4)  
 Smith, Francis C. . . . . 983 N. Arlington Ave. (19)  
 Smith, Lester A. . . . . 238 Hume Mansur Bldg. (4)  
 Smith, Roy Lee . . . . . 707 Underwriters Bldg. (4)  
 Smith, Wilbur F. . . . . 3424 College Ave. (5)  
 Smith, William B. . . . . 2229 Northwestern Ave. (23)  
 Snapp, Richard A. . . . . 3120 N. Meridian St. (8)  
 Snider, Byron . . . . . 2717 S. East St. (3)  
 Solomon, Reuben A. . . . . 414 Hume Mansur Bldg. (4)  
 Sommers, Stephen D. . . . . Riley Hospital (7)  
 Soper, Hunter A. . . . . 1015 Hume Mansur Bldg. (4)  
 Souter, Martha C. . . . . 3360 N. Meridian St. (8)  
 Sovine, Joe W. . . . . 922 Hume Mansur Bldg. (4)  
 Spahr, John F., Jr. . . . . 3440 N. Meridian St. (8)  
 Spalding, Joseph J. . . . . 706 Hume Mansur Bldg. (4)  
 Sparks, Alan L. . . . . 1024 Hume Mansur Bldg. (4)  
 Spears, John M. . . . . 5507 S. East St. (27)  
 Speckman, Glenn H. . . . . 2120 E. 10th St. (1)  
 Spivey, Russell J. . . . . 2616 N. Pennsylvania St. (5)  
 Spolyar, Louis W. . . . . Indiana State Board of Health, 1330 W. Michigan St. (7)  
 Sprenger, Thomas R. . . . . General Hosp. (7)  
 Sputh, Carl B., Jr. . . . . 301 Doctors' Bldg. (4)  
 Stadler, Harold E. . . . . 5508 E. Washington St. (19)  
 Staten, Jesse C. . . . . Chevrolet Body Div., GMC, 340 White River Pkwy., W. Dr. S. (22)  
 Stayton, Chester A. . . . . 313 Hume Mansur Bldg. (4)  
 Stayton, Chester A., Jr. . . . . 313 Hume Mansur Bldg. (4)  
 Steinmetz, Edward F. . . . . St. Vincent's Hosp. (7)  
 Stephens, Donald E. . . . . 6332 Guilford Ave. (20)  
 Stephens, Kuhrman H. . . . . 501 Hume Mansur Bldg. (4)  
 Stevens, Sydney L. . . . . 303 Hume Mansur Bldg. (4)  
 Stoelting, Vergil K. . . . . I. U. Medical Center (7)  
 Stone, Alvin T. . . . . 6202 College Ave. (20)  
 Stone, David F. . . . . Indiana State Board of Health, 1330 W. Michigan St. (7)  
 Storey, D. Edmund . . . . . 813 Broad Ripple Ave. (20)  
 Storey, Joseph L. . . . . 3434 N. Illinois St. (8)  
 Storms, Roy B. . . . . 5041 Central Ave. (5)  
 Stroup, Tyler J. . . . . 216 K. of P. Bldg. (4)  
 Stucky, Elsworth K. . . . . 1349 Madison Ave. (25)  
 Stump, Loyd K. . . . . 3939 Meadows Dr. (5)  
 Stump, Thomas A. . . . . I. U. Medical Center (7)  
 Stygall, James H. . . . . 1221 N. Delaware St. (2)  
 Sutton, William E. . . . . 521 Hume Mansur Bldg. (4)  
 Swan, John R. . . . . 915 Hume Mansur Bldg. (4)  
 Symmes, Alfred T. . . . . 625 E. Maple Rd. (8)  
 Szumilas, Peter P. . . . . General Hospital (7)  
 Szynal, John S. . . . . 633 E. Maple Rd. (5)
- T
- Talarico, Leonard H. . . . . Methodist Hospital (7)  
 Talbott, Dan E. . . . . 1802 N. Illinois St. (2)  
 Tanner, Henry S. . . . . 321 Hume Mansur Bldg. (4)  
 Taube, Jack I. . . . . 1007 Hume Mansur Bldg. (4)  
 Taylor, Clifford C. . . . . Community Hospital (19)  
 Taylor, Cyril . . . . . I. U. Medical Center (7)  
 Taylor, Frederic W. . . . . 400 Hume Mansur Bldg. (4)  
 Taylor, Max T. . . . . General Hospital (7)  
 Teague, Frank W. . . . . 918 Hume Mansur Bldg. (4)  
 Teixler, Victor A. . . . . 224 Hume Mansur Bldg. (4)  
 Test, Charles E. . . . . 1002 Hume Mansur Bldg. (4)  
 Teter, George V. . . . . 401 E. 34th St. (5)  
 Tether, Joseph E. . . . . 915 Hume Mansur Bldg. (4)  
 Tharpe, Ray . . . . . 3202 N. Meridian St. (8)  
 Thatcher, Hugh K., Jr. . . . . 4548 College Ave. (5)  
 Thom, Julia S. . . . . V. A. Regional Office, 36 S. Pennsylvania St. (4)  
 Thomas, Edward P. . . . . 820 W. Michigan St. (2)  
 Thomas, Fred A. . . . . St. Vincent's Hospital (7)  
 Thomas, Lowell I. . . . . 1008 Hume Mansur Bldg. (4)  
 Thomas, Morris E. . . . . 1802 N. Illinois St. (2)  
 Thompson, John V. . . . . 7899 Ridge Rd. (20)  
 Thompson, Paul D. . . . . 404 Hume Mansur Bldg. (4)  
 Thompson, Wayne H. . . . . 1633 N. Capitol Ave. (2)  
 Thornburg, Kenneth E. . . . . 1633 N. Capitol Ave. (2)  
 Thornton, Harold C. . . . . 301 E. Maple Rd. (5)  
 Throop, Frank B. . . . . I. U. Medical Center (7)  
 Thurston, Harrison S. (S) . . . . . 2503 Prospect St. (3)  
 Tindall, George T. . . . . 6002 Windsor Dr. (18)  
 Tinsley, Frank W. . . . . 603 K. of P. Building (4)  
 Tinsley, Walter B., Jr. . . . . 3605 W. 30th St. (22)  
 Tinsley, Walter B. . . . . 603 K. of P. Bldg. (4)  
 Tischer, E. Paul . . . . . 208 Hume Mansur Bldg. (4)  
 Tondra, John M. . . . . 408 Hume Mansur Bldg. (4)  
 Torrella, Jose A. . . . . 5324 W. 16th St. (24)  
 Tosick, William A. . . . . General Hospital (7)  
 Toumey, Fred L. . . . . 1802 N. Illinois St. (2)  
 Trusler, Harold M. . . . . 408 Hume Mansur Bldg. (4)  
 Tuchman, Joseph H. . . . . 4456 N. Keystone Ave. (5)  
 Tucker, Warren S. . . . . 414 Hume Mansur Bldg. (4)  
 Turner, Maurice A. . . . . I. U. Medical Center (7)  
 Tyner, Harlan H. . . . . 3202 N. Meridian St. (8)
- U-V
- Vandivier, Robert M. . . . . 209 Hume Mansur Bldg. (4)  
 Van Dorn, Myron J. . . . . 2165 Weslynn Dr. (8)  
 Van Fleet, Josephine . . . . . Indiana State Board of Health, 1330 W. Michigan St. (7)  
 Van Meter, C. Powell . . . . . 3419 E. 10th St. (1)  
 Van Nuys, John D. . . . . I. U. Medical Center (7)  
 Van Sandt, Eldon D. . . . . I. U. Medical Center (7)  
 Van Tassel, Charles J. . . . . 709 Hume Mansur Bldg. (4)



Van Vactor, Helen D. . . . . 226 Hume Mansur Bldg. (4)  
 Vellios, Frank . . . . . I. U. Medical Center (7)  
 Vollrath, Victor J. . . . . 5205 N. Illinois St. (8)  
 Von Der Haar, Gerard . . . . 4016 E. Michigan St. (1)  
 Vore, Robert E. . . . . General Hospital (7)  
 Voyles, Charles F. (S) . . . 715 Underwriters Bldg. (4)

## W

Waldo, J. Thayer . . . . . 610 Hume Mansur Bldg. (4)  
 Walker, Frank C. (S) . . . 414 Hume Mansur Bldg. (4)  
 Walker, Robert K. . . . . 413 E. 34th St. (5)  
 Walther, Joseph E. . . . . 3202 N. Meridian St. (8)  
 Walton, William M. . . . . 1802 N. Illinois St. (2)  
 Ward, Wesley C. . . . . 3 E. 46th St. (5)  
 Warfel, Frederick C. (S) . . . 4817 Broadway (5)  
 Warman, Alvah P. . . . . 1363 E. Maple Rd. (5)  
 Warriner, James B. . . . . 1012 N. Emerson Ave. (19)  
 Warshaw, Seymour . . . . . General Hospital (7)  
 Warvel, John H. . . . . 614 Hume Mansur Bldg. (4)  
 Wehrman, Jule O. (S) . . . 410 N. Meridian St. (4)  
 Weigand, Clayton G. . . . . Eli Lilly & Co.,  
 740 S. Alabama St. (6)  
 Weinland, George C. . . . . Larue D. Carter Hospital,  
 1315 W. 10th St. (7)  
 Weiss, Jason . . . . . 4914 W. 16th St. (24)  
 Weiss, Louis L. . . . . 811 W. 63rd St. (20)  
 Weller, Charles A. . . . . 3720 N. Delaware St. (5)  
 Wells, James H. . . . . LaRue D. Carter Hosp.,  
 1315 W. 10th St. (7)  
 West, Joseph L. . . . . 6220 W. Washington St. (21)  
 Westfall, B. Kemper . . . . 2901 E. 38th St. (18)  
 Westfall, John B. . . . . 1025 Hume Mansur Bldg. (4)  
 Wheeler, David E. . . . . VA Hospital, 1481 W. Tenth St. (7)

White, Donald G. . . . . 5202 N. Illinois St. (8)  
 White, Donald J. . . . . 502 Bankers Trust Bldg. (4)  
 White, John B. . . . . 806 Hume Mansur Bldg. (4)  
 White, Philip T. . . . . I. U. Medical Center (7)  
 Widdifield, G. E. . . . . 2614 Madison Ave. (3)  
 Wilkens, Irvin W. . . . . 1743 Shelby St. (3)  
 Williams, Charles D. . . . . 2422 Station St. (1)  
 Williams, Clifford L. . . . . Central State Hospital (22)  
 Williams, Howard S. . . . . 115 E. 16th St. (2)  
 Williams, Hugh L. . . . . 812 C. of C. Bldg. (4)  
 Williams, Paul D. . . . . V. A. Regional Office,  
 36 S. Pennsylvania St. (4)  
 Williams, Russell S. . . . . Methodist Hospital (7)  
 Wilmore, Ralph C. . . . . I. U. Medical Center (7)  
 Wilson, Fred M. . . . . I. U. Medical Center (7)  
 Wilson, Oliver R. . . . . 3440 N. Meridian St. (8)  
 Wise, William R. . . . . 120 E. 22nd St. (2)  
 Wishard, William N., Jr. . . 1711 N. Capitol Ave. (7)  
 Witham, Robert L. . . . . 4904 Staughton Dr. (26)  
 Wolfram, Don J. . . . . 208 Hume Mansur Bldg. (4)  
 Wood, Donald E. . . . . 6235 Guilford Ave. (20)  
 Wood, William H. . . . . 1800 E. Tenth St. (1)  
 Woodard, Abram S. . . . . 668 E. Maple Rd. (5)  
 Woolling, Kenneth R. . . . 718 Hume Mansur Bldg. (4)  
 Worley, Joseph P. . . . . 5839 E. Washington St. (19)  
 Worley, Richard H. . . . . 5925 E. Washington St. (19)  
 Wrege, Malcolm L. . . . . 1502 N. Emerson Ave. (19)  
 Wright, J. William, Jr. . . . 301 Hume Mansur Bldg. (4)  
 Wright, J. William . . . . 301 Hume Mansur Bldg. (4)  
 Wytttenbach, John E. . . . 503 Hume Mansur Bldg. (4)

## Y

Yacko, Michael L. . . . . Community Hosp. (19)  
 Young, James W. . . . . 6302 Guilford Ave. (20)  
 Young, John E. . . . . 812 C. of C. Bldg. (4)  
 Young, John M. . . . . 3209 N. Meridian St. (8)

## Z

Zerfas, Charles P. A. . . . . 2605 Shelby St. (3)  
 Zerfas, Phyllis K. . . . . 2605 Shelby St. (3)  
 Lewis, Robert J. . . . . Lawrence  
 Asher, Ernest O. . . . . New Augusta  
 Asher, James W. . . . . New Augusta  
 Thrasher, John R. (S) . . . R. R. 1, Box 362, New Augusta  
 Miller, Joseph A. . . . . Oaklandon

Paynter, Morris B. . . . . Southport  
 Jones, George L. . . . . Wanamaker  
 Boyd, Harry R. . . . .

1847 Lincoln St., #18, Denver, Colo.  
 Bakemeier, Robert E. . . . 8591 Elm, Fairchild, Wash.  
 Blackwell, Milforde . . . . National Hosp., Queen Square, London, England  
 Bleckley, James . . . . 1st Marine Div. F.P.O., San Francisco, Calif.  
 Bohner, Caryle B. . . . . Huasca, Hidalgo, Mex.  
 Bruetsch, Walter L. . . . . 727 Oak Park Lane,  
 Monrovia, Calif.  
 Buell, Forrest R. . . . . 3911th USAF, APO 197, N. Y.  
 Cagle, Bob R. . . . . 209 Winding Lane, Rantoul, Ill.  
 Carlin, James F. . . . .

N. J. State Hosp., Hammonton, N. J.  
 Clark, George A. . . . . Langley AFB, Hampton, Va.  
 Dester, Herbert E. . . . . Jagdeeshpur Via Raipur,  
 C. P. India  
 Dirks, Kenneth R. . . . . Letterman Army Hospital,  
 San Francisco, Calif.  
 Finfrock, James D. . . . . VA Hospital, Fayetteville, Ark.  
 Fisher, Frank C. . . . .

U. S. Rochester, F.P.O., San Francisco, Calif.  
 Fisher, Gerald . . . . . Ippy, French Equatorial Africa  
 Fouts, Dallas B. . . . . 103 Nolin Pl., Louisville, Ky.  
 Foxworthy, Donald L. . . . . Tampa General Hosp.,  
 Tampa, Fla.

Fralich, Joseph C. . . . . Milwaukee Co. Hospital, Milwaukee, Wis.  
 Freeborn, Warren S., Jr. . . . 150 5th Ave., New York 11, N. Y.

Gabe, William E. . . . . 61 Heather Lane, Orinda, Calif.  
 Gaddy, Nelson D. . . . . McGuire Field, Trenton, N. J.  
 Graf, John E. (S) . . . . 6814 Beckwith, Morton Grove, Ill.

Gregory, William L. . . . . 1518 Ozark St., Gastonia, N. C.  
 Harvey, Verne K. . . . . U. S. Civil Service Com., Washington 25, D. C.

Hendricks, Fred A. . . . . 1133 Briarcliff, Rantoul, Illinois  
 Howard, William F. . . . . Marine Air Corps, Cherry Point, N. C.

Jennings, F. Lamont . . . . . Walter Reed Army Med.  
 Center, Washington, D. C.

Jewett, Robert E. . . . . 911 Linwood Blvd., Kansas City 3, Mo.

Jones, Gordon C. . . . . 26 Meehand Dr., Page Manor, Dayton, Ohio  
 Kenoyer, Wilbur L. . . . . 3700 USAF Hosp.,  
 Lackland AFB, Texas

Kottke, Bruce A. . . . . 3323 Cowley Way, San Diego, Calif.  
 MacDonald, John A. (S) . . . . Interlaken, N.Y.

MacCollum, M. Speers . . . . Luke AFB, Glendale, Ariz.  
 McDougal, Robert A. . . . . City Hospital, Akron, Ohio  
 Moss, Harlan B. . . . . 1122 E. College Ave.,  
 Iowa City, Iowa

Murray, James S. . . . . 606 N. Roxbury, Beverly Hills, Calif.  
 Nicholson, Ray W. . . . . Bldg. 205, Apt. 2, Third  
 St., Ft. Leavenworth, Kan.

Norris, Mary Alice . . . . c/o Col. J. F. Surratt, Hg. V Corps'  
 Arty, A.P.O. 175 New York

Osborne, Harry S. (S) . . . . 1107 Lime St., Leesburg, Fla.

Porter, Dale . . . . . University Hosp., Ann Arbor, Mich.  
 Robinson, Frank C. . . . . 290 W. Foothill Blvd., Arcadia, Calif.

Rogers, Thomas P. . . . . U.S.N. Hosp., San Diego 33, Calif.  
 Rohrbacker, Donald M. . . . . Williams AFB,  
 Chandler, Ariz.

Rudolph, Stephen J., Jr. . . . 7373rd USAF Hosp., A.P.O. 10, New York  
 Salzman, Morris . . . . . 350 E. 30th St., New York 16, N. Y.

Shively, John A. . . . . Manatee Memorial Hosp., Bradenton, Fla.



Shoemaker, Richard L. . . . 48 Knox, Bangor, Maine  
 Snodgrass, Robert E. . . . AH(2128-01), Fort Knox, Ky.  
 Stanley, John S.

470 N. E. 25th St., Miami 37, Fla.  
 Stucky, Jerry L. . . . 400 Ruddle Rd., Blytheville, Ark.  
 Tinney, William E. (S)

P. O. Box 1186, Pass-A-Grille, Fla.  
 Trees, Carl A. . . . 3310 Cowley Way, San Diego, Calif.  
 Tucker, Leonard C.

216 W. 18th St., Wilmington, Del.  
 Tucker, Robert L.

705 14th St., N. E., Rochester, Minn.  
 Vaughn, Rufus M.

450 Midvale Ave., Apt. 4, Los Angeles, Calif.  
 Weinsoff, Beverly

12228 Wixom, N. Hollywood, Calif.  
 Zell, Evertson H. . . . . McDill Field, Tampa, Fla.  
 Ziperman, H. Haskell

Brooke Army Med. Center, Ft. Sam Houston, Tex.

## MARSHALL COUNTY

Hampton, James N. . . . . Argos  
 Kelly, Frank (S) . . . . . Argos  
 Connell, Vactor O. . . . . Bourbon  
 Marshall, George L. (S) . . . . . Bourbon  
 Bowen, Otis R. . . . . Bremen  
 Burket, Cecil R. . . . . Bremen  
 Cripe, Earl P. . . . . Bremen  
 Schreiner, John E. . . . . Bremen  
 Stine, Marshall E. . . . . Bremen  
 Baker, Milan D. . . . . Culver  
 Norris, Ernest B. . . . . Culver  
 Reed, Donald . . . . . Culver

### Plymouth

Connell, Paul S. . . . . 320 N. Center St.  
 Coursey, James O. . . . . 109 N. Walnut St.  
 Klingler, Maurice O. . . . . 213 W. LaPorte St.  
 Kubley, James D. . . . . 304 N. Walnut St.  
 Pomeroy, Rex K. . . . . 121 E. Garro St.  
 Reed, Robert G., Jr. . . . . 109 N. Walnut St.  
 Rimel, James F. . . . . 213 W. LaPorte St.  
 Robertson, James S. . . . . 304 N. Walnut St.  
 Vore, Louring W. . . . . 121 E. Garro St.

Thompson, Alfred A. (S) . . . . . Tyner  
 Danielson, Harry E., Jr.  
 14741 N. E. 8th Court, Miami, Fla.

## MARTIN COUNTY

(See Daviess-Martin)

## MIAMI COUNTY

Shrock, Ethan E. . . . . Amboy  
 Line, Homer E. (S) . . . . . Chili  
 Malott, Fred R. . . . . Converse  
 Sennett, William K. . . . . Macy  
 Rendel, Harold E. . . . . Mexico

### Peru

Barnett, Ralph E. . . . . 65 N. Miami St.  
 Berkebile, John B. . . . . 15 W. Sixth St.  
 Burrous, Evert L. . . . . 27 W. Sixth St.  
 Carlson, Edward A. (S) . . . . . 11½ W. Main St.  
 Damiani, Pasquale G. . . . . 159 W. Sixth St.  
 Ferrara, Donald W. . . . . 18 W. Fifth St.  
 Ferrara, Samuel J. . . . . 18 W. Fifth St.  
 Herd, Cloyn R. . . . . 15 S. Wabash  
 Johnson, Owen . . . . . 269 E. Main St.  
 Lynn, Frank M. (S) . . . . . 258 Main St.  
 Malouf, Stephen D. . . . . 53 S. Broadway  
 Wildman, Roscoe E. . . . . 27 W. Sixth St.  
 Yarling, John E. (S) . . . . . 15 S. Wabash

Hill, Lloyd . . . . . USAD, White Sand Pr. Grds., N. Mex.  
 Kimmel, George E.

Naval Mine Depot, Yorktown, Va.

## MONROE COUNTY

(See Owen-Monroe)

## MONTGOMERY COUNTY

### Crawfordsville

Alexander, Stephen J. . . . . 306 Ben Hur Bldg.  
 Ball, Thomas Z. (S) . . . . . 401 S. Washington St.  
 Burks, Jess E. . . . . 411 Ben Hur Bldg.  
 Cooksey, Thomas L. (S) . . . . . 109½ S. Washington St.  
 Cornell, Robert A. . . . . 219 Ben Hur Bldg.  
 Daugherty, Fred N. . . . . 120 W. Pike St.  
 Dodds, Wemple . . . . . Culver Hospital  
 Eggers, Richard . . . . . 120 W. Pike St.  
 Haller, Thomas C. . . . . 411 Tinsley Ave.  
 Humphreys, John W. . . . . 312 Jones Ave.  
 Kinnaman, Howard A. . . . . 206 Ben Hur Bldg.  
 Kirtley, James M. . . . . 416 Ben Hur Bldg.  
 Lingeman, Byron N. . . . . 419 Ben Hur Bldg.  
 Peacock, Norman F. . . . . 219 Ben Hur Bldg.  
 Pierson, Allen D. . . . . 305 E. Main St.  
 Pierson, Robert H. . . . . 305 E. Main St.  
 Shannon, Wesley . . . . . 901 Cottage Ave.  
 Sharp, John L. . . . . 219 Ben Hur Bldg.  
 Wallace, Hawthorne C. . . . . 411 Tinsley Ave.

Otten, Ralph E. . . . . Darlington  
 Blix, Fred M. . . . . Ladoga  
 Denny, Frank T. . . . . Ladoga  
 Wong, Norman F. . . . . Linden  
 Davis, William H. . . . . New Market  
 Kindell, Hurschell D. . . . . New Richmond  
 Johnson, Frank D. . . . . Waynetown  
 Thompson, Claude N. . . . . Waynetown  
 Parker, Carl B. . . . . Wingate

## MORGAN COUNTY

### Martinsville

Alexander, Percy M. . . . . Martinsville Sanitarium  
 Eisenberg, David A. . . . . 310 N. Main St.  
 Gibbs, Joseph W. . . . . Home Lawn Sanitarium  
 Gray, Leon . . . . . 171 E. Washington St.  
 Miller, Ray D. . . . . 290 E. Washington St.  
 Pitkin, Edward M. . . . . 195 E. Washington St.  
 Pitkin, McKendree C. . . . . 440 E. Washington St.  
 Taylor, Loren F. . . . . 60½ E. Morgan St.  
 Van Wienen, John . . . . . 60 W. Morgan  
 Willan, Horace R. . . . . 109 S. Jefferson St.

Murphy, Maurice G. . . . . Morgantown

### Mooreville

Bivin, James H. . . . . 130 N. Indiana  
 Comer, Kenneth E. . . . . 130 N. Indiana  
 Kendrick, William . . . . . 130 N. Indiana  
 Karpel, Bernard . . . . . Medical Arts Bldg.  
 Van Bokkelen, Robert W. . . . . Medical Arts Bldg.

Farr, James C. . . . . Paragon

## NEWTON COUNTY

(See Jasper-Newton)

## NOBLE COUNTY

Bowman, Charles M. . . . . Albion  
 Nash, Justin R. . . . . Albion  
 Mattmiller, Everett D. . . . . Avilla  
 Sneary, Kenneth D. . . . . Avilla  
 Sneary, Max E. . . . . Avilla  
 Veazey, William M. (S) . . . . . Avilla

### Kendallville

Bryan, Robert E. . . . . 129 E. Main St.  
 Goodwin, Columbus B. (S) . . . . . Kendallville  
 Gutstein, Richard R. . . . . 120 Diamond  
 Hepner, Herman . . . . . 101½ N. Main St.  
 Lawson, Isaac H. . . . . 125½ S. Main St.  
 Messer, Frank W. . . . . 115 E. Rush St.  
 Munk, Cleorie E. . . . . 236 S. Grant St.  
 Slough, O. Thomas . . . . . 112 W. Mitchell  
 Stallman, Carl F. . . . . 409 E. Wayne St.  
 Williams, Harold O. . . . . 115 E. Rush St.

### Ligonier

Chase, James A. . . . . 321 S. Cavin St.  
 Stultz, Quentin F. . . . . 401 S. Cavin St.



Webster, Paul L. .... 321 S. Cavin St.  
 Fipp, August L. .... Rome City  
 Pulskamp, Bertrand H. .... Wolcottville  
 Hurt, Walter L. .... Wolf Lake  
 Luckey, Harold A. .... Wolf Lake  
 Luckey, Robert C. .... Wolf Lake  
 Roth, James R. .... Wolf Lake

Switzer, Robert E.  
 U. S. Naval Hospital, Portsmouth, Va.

### OHIO COUNTY (See Dearborn-Ohio)

### ORANGE COUNTY

Keseric, Nicholas E. .... French Lick Springs  
 Sugarman, Benjamin E. .... French Lick Springs  
 Baker, Robert E. (S) .... Orleans  
 Hodgins, Philip T. .... Orleans  
 Schoolfield, William E. .... Orleans  
 Clark, Ivan A. .... Paoli  
 Hammond, Keith .... Paoli  
 Spears, John K. .... Paoli  
 Miller, Henderson L. (S) .... West Baden Springs

### OWEN-MONROE COUNTIES

#### Bloomington

Baxter, Neal E. .... 306 E. Fifth St.  
 Bidney, Evelyn B. .... 321 S. Jordan Ave.  
 Borland, Raymond M. .... R. R. 3  
 Buckingham, Richard E. .... 344 College Ave.  
 Creek, Jean A. .... 312 N. Walnut St.  
 Estes, Ambrose C. .... 121 E. Kirkwood Ave.  
 Fowler, Richard R. .... 104 N. Grant  
 Geiger, Dillon D. .... 300 E. Kirkwood  
 Hardtke, Eldred F. .... Indiana University  
 Hepner, Herman S. .... 312 N. Walnut St.  
 Hill, Robert P. .... 106 W. 7th St.  
 Holland, Deward J. (S) .... 313 N. College Ave.  
 Holland, Philip T. .... 108 W. 7th St.  
 Holtzman, Paul W. .... 615 N. College  
 Karsell, William A. .... 306 E. Kirkwood  
 Link, William C. .... 110 E. Fourth St.  
 Lundblad, Wilfred M. .... 1805 E. Tenth St.  
 Lyons, Robert E. .... 321 E. Fifth St.  
 Marchant, Clarence H. .... 350 S. College Ave.  
 McIntire, Clarence B. .... Bloomington Hospital  
 McLelland, Mary Rhamy .... R. R. 2  
 Middleton, Thomas O. .... 404 E. Seventh St.  
 Miller, John M. .... I. U. Student Health Service  
 Owen, Abraham M. .... 200 S. Washington St.  
 Owen, Margaret A. .... 200 S. Washington St.  
 Pizzo, Anthony .... Bloomington Hospital  
 Poolitsan, George C. .... 407 N. Walnut St.  
 Quarles, E. Bryan .... Indiana University  
 Ramsey, Hugh S. .... 307 E. Fifth St.  
 Reed, William C. .... 307 E. Fifth St.  
 Rieger, I. Taylor .... 102 N. Grant St.  
 Rogers, Otto F., Jr. .... 210 N. Washington St.  
 Rollins, Thomas K. .... 114 E. Seventh St.  
 Ross, Ben R. .... 314 E. Seventh St.  
 Ross, James B. .... 314 E. Seventh St.  
 Schell, Harry D. .... 114 E. Fourth St.  
 Schuman, Edith B. .... Indiana University  
 Sibbitt, Joseph W. .... 300 E. Fifth St.  
 Smith, Herschel S. .... 110 S. Lincoln  
 Smith, Rodney D. (S) .... 115 N. Washington St.  
 Spencer, Beaufort A. .... 114 N. Lincoln  
 Stangle, William J. .... 640 S. Rogers  
 Topoligus, James N. .... 403 N. Walnut St.  
 Welpott, Jean F. .... Indiana University  
 Wilson, Talmage L. .... 301 E. Kirkwood  
 Winters, Matthew .... 407 N. Park

Stouder, Charles E. .... Ellettsville  
 Mitchell, George L. .... Smithville  
 Blackwell, Donald .... Spencer  
 Brown, Marcel S. .... Spencer  
 Kay, Oran E. .... Spencer  
 Smith, Frederick R. .... Spencer

Owens, Walter L.  
 Whitesburg Mem. Hospital, Whitesburg, Ky.

### PARKE-VERMILLION COUNTIES

Greene, Frederick G. .... Bloomingdale  
 Clinton

Casebeer, Paul B. .... 255½ S. Main St.  
 Evans, Frederick J. .... 242 S. Third St.  
 Gerrish, Wakefield D. (S) .... Clinton  
 Herzberg, Milton .... 222 Elm St.  
 Kercheval, John M. .... 220 Blackman  
 Pickett, Paul .... 223 Elm St.  
 White, Isaac D. (S) .... 125 S. 3rd St.

Lauer, Dorothy B. .... Dana  
 Britton, Welbon D. .... Montezuma  
 De Renne, William L. .... Newport  
 Johnson, William A. .... Perrysville

#### Rockville

Bloomer, Joseph R. (S) .... 115 N. Market St.  
 Bloomer, Richard S. .... 115 N. Market St.  
 Dowell, Emil H. .... Ohio St.  
 Harstad, Casper .... 216 W. High St.  
 Kempf, Gerald F. .... Indiana State Sanitarium  
 Merrell, Basil M. .... 110 E. York St.  
 McGilvray, Eva R. T. .... Indiana State Sanitarium  
 Pace, Jerome V. .... Indiana State Sanitarium  
 Pirkle, Hubert B. .... Indiana State Sanitarium

White, Chester S. (S) .... Rosedale  
 Keith, Freeman E. (S) .... St. Bernice

### PERRY COUNTY

Bush, Hargis R. .... Cannelton  
 Tell City

Coultas, Porter J. (S) .... 801 Main St.  
 Dome, Hardin S. (S) .... 704 Ninth St.  
 Dukes, David .... 521 Main St.  
 Glenn, Fred C. (S) .... 436 Main St.  
 Herr, John W. .... Tell City  
 James, John M. .... 746 Ninth St.  
 James, Nicholas A. (S) .... 746 Ninth St.  
 Lohoff, Lewis C. .... 507 Main St.  
 Neifert, Noel L. .... 515 Main St.  
 Smith, Fred, Jr. .... 507 Main St.

Snyder, Earl R. (S) .... Troy

### PIKE COUNTY

#### Petersburg

Dickinson, Gordon A. .... 1101 Main St.  
 Higgins, James L. .... Main St.  
 Logan, Austin R. (S) .... 1002 E. Main St.  
 Omstead, Milton .... 110 S. Sixth St.

DeTar, George B. (S) .... Winslow

### PORTER COUNTY

#### Chesterton

Ashmore, Herbert C. .... 139 Calumet Rd.  
 Hall, Thomas C. .... 621 Broadway  
 Harless, Clarence M. .... 123 Indiana Ave.  
 Robertson, William C. .... 114 S. 11th St.

Cohen, Ellen K. .... Hebron  
 Cohen, Hyman L. .... Hebron  
 Kleinman, Francis J. .... Hebron

#### Valparaiso

Brown, James C. .... 101 Lincolnway  
 Covey, Thomas J. .... 60 W. Jefferson  
 Davis, Carl M. .... 202 Indiana Ave.  
 DeGrazia, Eugene J. .... 810 LaPorte Ave.  
 DeWitt, Charles H. (S) .... 836 LaPorte Ave.  
 Dittmer, Jack E. .... 23 Lincolnway  
 Dittmer, Thomas L. .... 23 Lincolnway  
 Eades, Ralph C. .... 6 Napoleon St.  
 Frank, John R. .... 23 Lincolnway  
 Green, Leonard J. .... 8 N. Garfield



Makovsky, Theodore ..... 808 Lincolnway  
 Milroy, Robert A. .... 814 LaPorte Ave.  
 O'Neill, Martin ..... 810 LaPorte Ave.  
 Schmidt, Richard H. .... Porter Co. Hospital  
 Stoltz, Robert M. .... 501 Lincolnway  
 Vietzke, Paul C. F. .... 60 Jefferson St.

Gordon, Joseph L. .... Wheeler  
 Read, John E. ....

6th Air Rescue Grp., APO 862, New York

### POSEY COUNTY

Montgomery, Samuel B. (S) ..... Cynthiana  
 Ropp, Harold E. .... New Harmony  
 Boren, Paul ..... Poseyville  
 Boren, Samuel W. (S) ..... Poseyville  
 Boyle, Carroll ..... Poseyville  
 Woods, Arba L. .... Poseyville

#### Mount Vernon

Challman, William B. .... 431 W. Third St.  
 Crist, John R. .... 114 W. Second St.  
 Hirsch, Herman L. .... 126 W. Fifth St.  
 Oliphant, Frank W. .... 701 Mulberry St.  
 Vogel, L. John ..... 131 W. Third St.

### PULASKI COUNTY

Dublin, Madeline P. .... Francesville  
 Ives, Raymond J. .... Francesville

#### Winamac

Carneal, Thomas E. .... 111 N. Monticello  
 Halleck, Harold J. .... Winamac  
 Hollenberg, Edward L. .... 105 N. Franklin  
 Karns, John D. .... 105 N. Franklin  
 Thompson, William R. .... 111 N. Monticello

### PUTNAM COUNTY

Veach, Lester W. .... Bainbridge  
 Veach, Richard L. .... Bainbridge  
 Gray, Clyde C. (S) ..... Cloverdale

#### Greencastle

Dettloff, Frederick ..... Alamo Bldg.  
 Dobbins, Thomas ..... Box 76  
 Fuson, Wenfred J. .... Alamo Bldg.  
 Johnson, James B. .... 105 E. Washington St.  
 McNichols, Edwin F. .... 439 Anderson  
 Nichols, Anne Sackett ..... 707 E. Seminary St.  
 Rhea, Gilbert D. .... 126 E. Washington St.  
 Schauwecker, Cleon M. .... Hillsdale Ave.  
 Steele, Dick J. .... Alamo Bldg.  
 Tennis, George T. .... Alamo Bldg.  
 Tipton, William R. .... 110 S. Vine St.  
 Wiseman, V. Earle ..... 239 Hillsdale Ave.

Richards, Edgar E. .... Russellville

### RANDOLPH COUNTY

Nixon, Byron ..... Farmland  
 White, Harvey E. .... Farmland  
 Jordan, Leo E. .... Lynn  
 Slick, Crystal R. .... Lynn  
 Shallenberger, Henry R. .... Modoc  
 Hinchman, Jean F. .... Parker  
 Potter, Richard M. .... Ridgeville

#### Union City

Chambers, Leroy B. .... 305 N. Union  
 Matheus, Charles ..... 309 W. Oak St.  
 Phipps, Leland K. .... 227 W. Oak St.  
 Reid, Robert W. .... 706 W. Division St.  
 Rothermel, Harold ..... 334 Oak St.  
 Wagoner, B. D. .... 232 W. Oak St.

#### Winchester

Brenner, Andrew M. .... 327 E. Franklin St.  
 Dininger, William S. .... 102 E. South St.  
 Engle, Russell B. .... 210 S. Main St.  
 Koch, Howard W. .... 103 S. East St.  
 Painter, Lowell W. .... 124 E. Franklin St.  
 Robison, John S. .... 111½ S. Main St.  
 Sparks, Paul W. .... 214 S. Main St.  
 Hannah, Charles W. .... Swansboro, N. C.

Ruby, Fred McK. (S)

8128 Brookside Pl., Wauwatosa, Wis.

### RIPLEY COUNTY

Freeland, Bill ..... Batesville  
 Hisrich, Lloyd W. .... Batesville  
 Aldred, Allen W. .... Milan  
 Conrad, Henry W. .... Milan  
 Frable, Frank L., Jr. .... Milan  
 Hunter, Lowell G. .... Milan  
 Warn, William J. .... Milan  
 Lippoldt, Charles L. .... Oldenburg  
 Row, George S. .... Osgood  
 Smith, R. Lee ..... Osgood  
 McConnell, William C. .... Sunman  
 Fletcher, Charles F. (S) ..... Sunman  
 Hopkins, Lester H. .... Versailles  
 Moran, Noel D. .... Versailles

### RUSH COUNTY

McNabb, George B. .... Carthage  
 Sheets, Charles E. .... Manilla  
 Worth, C. Willard ..... Milroy

#### Rushville

Atkins, Clarence C. .... 225 N. Morgan St.  
 Corpe, Kenneth F. .... R. R. No. 4  
 Dean, Donald I. .... 310 E. Fifth St.  
 Ellis, Davis W. .... 229 N. Morgan St.  
 Green, Frank H. .... 134 E. Second St.  
 Johnson, Robert B. .... 841 N. Harrison  
 Kennedy, Robert O. (S) ..... 118 W. Third St.  
 McKee, Harry G. .... 335 N. Main St.  
 Norris, Marvin G. .... 134 E. Second St.  
 Nutter, Wyndham H. .... 1003 N. Morgan

DeHaven, Harry E. .... Pleasantville, N. Y.

### ST. JOSEPH COUNTY

Houser, D. Stanley ..... Lakeville  
 How, John T. (S) ..... Lakeville  
 Smith, Lee ..... Lakeville

#### Mishawaka

Backs, Mark F. .... 113 S. Church St.  
 Barone, Carmelo V. .... 307 W. Fourth St.  
 Bassler, Carl R. .... 102 Lincolnway W.  
 Christophel, Verna ..... 109 W. Third St.  
 Duvall, William N. (S) ..... 714 N. Mason St.  
 Farner, James E. .... 114 Lincolnway E.  
 Fujawa, Matthew J. .... 721 Lincolnway E.  
 Ganser, Richard A. .... 1020 Wilson Blvd.  
 Goethals, Charles J. .... 602 Lincolnway W.  
 Mahank, Camiel C. .... 223 S. Spring St.  
 Martin, Charles F. .... 322 S. Mill St.  
 Reed, Robert F. .... 316 Lincolnway E.  
 Rosenwasser, Jacob ..... 228 Lincolnway E.  
 Sirlin, Edward M. .... 109 S. Church St.  
 Spalding, Wendell L. .... 427 Lincolnway E.  
 Templeton, Ames R. .... 522 Calhoun St.  
 Van Rie, Leo P. .... 116 S. West St.  
 Walters, Charles E. .... 319 S. Spring St.  
 Whitlock, Francis C. .... 110 N. Race St.  
 Whitlock, Merle E. .... 123 W. Fourth St.  
 Wixted, John F. .... 314 Lincolnway E.  
 Wixted, Julia F. .... 314 Lincolnway E.  
 Wurster, Herbert C. .... 221 E. Third St.  
 Wygant, Marion D. .... 313 W. Fourth St.  
 Wyland, Byron J. .... 116½ W. Third St.  
 Zimmer, Henry J. .... 119½ Lincolnway W.

Luzadder, John E. .... New Carlisle  
 Hardy, John J. .... North Liberty  
 Randall, Thomas A. .... North Liberty  
 Warrick, Homer L. .... Osceola

#### South Bend

##### A

Acker, Robert B. .... 418 Sherland Bldg.  
 Arisman, Ralph K. .... 609 Odd Fellows Bldg.

##### B

Backs, Alton J. .... 1401 Lincolnway W.  
 Baran, Charles ..... 404 Sherland Bldg.



Bartsch, Harvey L. .... 424 Sherland Bldg.  
 Bechtold, Samuel E. .... 730 J. M. S. Bldg.  
 Bell, Horace D. .... 420 N. Hill St.  
 Bennett, Jene R. .... 531 N. Main St.  
 Berke, Robert D. .... 102 E. Colfax Ave.  
 Biasini, Benedict A. .... 403 Dixie Way North  
 Bickel, David A. .... 515 Odd Fellows Bldg.  
 Birmingham, Peter J. .... 426 Sherland Bldg.  
 Bishop, Charles A. .... 122 N. Lafayette Blvd.  
 Bixler, Louis C. .... 615 Sherland Bldg.  
 Blackburn, Erwin. .... 508 Sherland Bldg.  
 Bodnar, Leslie M. .... 525 N. Michigan  
 Borough, Lester D. .... 710 J. M. S. Bldg.  
 Brechtel, Harvey J. .... 728 W. Colfax Ave.  
 Bryan, Robert J. .... 1002 Lincolnway W.  
 Buchanan, Wallace D. .... 825 Sherland Bldg.  
 Buechner, Frederick W. .... 116 N. Main St.  
 Bussard, Clifford F. .... 202 Whitcomb-Keller Bldg.  
 Bussard, Frank. .... 202 Whitcomb-Keller Bldg.  
 Butts, Milton A. .... 118 N. Walnut St.

## C

Carter, F. R. Nicholas. .... 605 Sherland Bldg.  
 Cassady, James V. .... 921 Lincolnway E.  
 Chamblee, Roland W. .... 1018 W. Washington Ave.  
 Clark, Stanley A. (S) .... 1242 E. Jefferson St.  
 Clark, William H. .... 520 Sherland Bldg.  
 Colip, George D. .... 514 Sherland Bldg.  
 Colosey, Frederick J. .... 3121 Mishawaka Ave.  
 Condit, David H. .... 122 N. Lafayette Blvd.  
 Cook, Gordon C. .... 122 N. Lafayette Blvd.  
 Cooper, Harry L. .... 410 Sherland Bldg.  
 Crow, Earl. .... Healthwin Hospital  
 Crowley, Joseph B. .... Notre Dame Univ.  
 Culbertson, Carl S. .... 531 N. Main St.  
 Custer, Edward W. .... Healthwin Hospital

## D

Denham, Robert H. .... 401 Sherland Bldg.  
 Devoe, Kenneth. .... 418 N. Michigan St.  
 Dietl, Ernest L. .... 820 Sherland Bldg.  
 Dodd, Robert D. .... 2311 Miami St.  
 Dolezal, Bernard J. .... 115 S. Eddy St.  
 Donnelly, Everett F. .... 530 W. Indiana Ave.  
 Duggan, James A. .... 110 Peashway  
 Dunlap, D. Logan. .... 203 J. M. S. Bldg.

## E

Eades, R. Charles. .... 527 Colfax  
 Ebin, Judah L. .... 816 Odd Fellows Bldg.  
 Edwards, Bernard E. .... 704 N. Main St.  
 Egan, Sherman. .... 203 J. M. S. Bldg.  
 English, John P. .... 122 N. Lafayette Blvd.  
 Ericksen, Lester G. .... 615 Sherland Bldg.  
 Erickson, Gustaf W. .... 122 N. Lafayette Blvd.

## F

Faltin, Ladislaus. .... 609 Odd Fellows Bldg.  
 Feferman, Martin E. .... 315 Sherland Bldg.  
 Feldman, Max. .... 1921 Miami St.  
 Filipek, Walter J. .... 311 Odd Fellows Bldg.  
 Firestein, Ben Z. .... 703 J. M. S. Bldg.  
 Firestein, Ray. .... 416 Sherland Bldg.  
 Fish, Clyde M. (S) .... 723 Sherland Bldg.  
 Fish, Edson C. .... 326 Sherland Bldg.  
 Fisher, Lawrence F. .... 1717 E. Colfax  
 Frank, Herbert. .... 3610 Western Ave.  
 Frank, Lyall L. .... 224 W. Navarre  
 Frash, DeVon W. .... 308 J. M. S. Bldg.  
 Frey, William B. .... 316 N. Ironwood Dr.  
 Friedman, Morris S. .... 503 Sherland Bldg.  
 Frith, Louis G. .... 521 W. Washington Ave.

## G

Gaffney, Raymond. .... 525 N. Michigan St.  
 Ganser, Ralph V. .... 418 N. Michigan St.  
 Gates, George E. .... 122 N. Lafayette Blvd.  
 Gilman, Marcus M. .... 403 Odd Fellows Bldg.  
 Godersky, George E. .... 512 Odd Fellows Bldg.  
 Graf, John P. .... 401 N. Notre Dame Ave.  
 Green, George F. .... 822 Sherland Bldg.  
 Green, Norval E. .... 704 N. Main St.

Grillo, Donald. .... 530 Sherland Bldg.  
 Grorud, Alton C. .... 122 Lafayette Blvd.

## H

Haley, Paul E. .... 816 Sherland Bldg.  
 Hall, James M. .... 230 Sherland Bldg.  
 Hamilton, Charles O. .... 602 N. Michigan  
 Hanley, Harriet F. .... 316 N. Ironwood Dr.  
 Harmon, Vachelle E. .... 302 Sherland Bldg.  
 Haugseth, Ellsworth K. .... 122 Lafayette Blvd.  
 Helman, Harry W. (S) .... 120 Franklin Place  
 Helmer, John F. .... 826 Sherland Bldg.  
 Hilbert, John W. .... 410 W. Washington Ave.  
 Hildebrand, John O. .... 1307 E. Ewing Ave.  
 Hill, Theodore A. .... 1734 Portage Ave.  
 Hillman, Marion W. .... 206 E. Bartlett St.  
 Hillman, William H. (S) .... 1317 Marquette Blvd.  
 Hoffman, Robert V. .... 1530 E. Jefferson Blvd.  
 Holdeman, Lillian S. .... 404 N. Lafayette Blvd.  
 Holdeman, Richard W. .... 404 N. Lafayette Blvd.  
 Holtzman, Norman N. .... 3123 S. Michigan  
 How, Louis E. .... 6101 S. Michigan  
 Hyde, Carroll C. .... 122 N. Lafayette Blvd.

## J-K

Johns, Nicholas C. .... 718 Sherland Bldg.  
 Kamm, Bernard A. .... 526 Sherland Bldg.  
 Karn, John W. .... 326 Sherland Bldg.  
 Klahr, Ellsworth. .... 704 N. Main St.  
 Knapp, Arthur L. (S) .... 2215 Mishawaka Ave.  
 Knode, Kenneth T. .... 729 Sherland Bldg.  
 Kramer, Albert A. (S) .... 1521 Miami  
 Krueger, John E. .... 326 Sherland Bldg.  
 Kuhn, Frederick L. .... 1215 S. Michigan

## L

Lamb, J. Leonard. .... 702 J. M. S. Bldg.  
 Lane, William H. .... 418 N. Main St.  
 Lang, Joseph E. .... 318 Sherland Bldg.  
 Levantin, Bernard I. .... 711 Odd Fellows Bldg.  
 Levkoff, Abner H. .... 729 Sherland Bldg.  
 Lionberger, John R. .... 615 Sherland Bldg.  
 Liss, Emanuel C. .... 115 S. Eddy St.  
 Lockhart, Philip B. .... 825 Sherland Bldg.

## M

Mason, Bernard A. .... 122 N. Lafayette Blvd.  
 McCraley, William J. .... 406 Sherland Bldg.  
 McDonald, Ralph M. .... 502 J. M. S. Bldg.  
 McFarland, Corley B. .... 122 N. Lafayette Blvd.  
 McKenna, Henry J. .... 1615 E. Wayne St.  
 Metcalfe, Grant E. .... 319 Odd Fellows Bldg.  
 Mikesch, William H. (S) .... 816 Sherland Bldg.  
 Miller, Milo K. .... 122 N. Lafayette Blvd.  
 Mott, Cassell A. .... 1301½ W. Washington St.  
 Mueller, Hilbert M. .... 122 N. Lafayette Blvd.  
 Murphy, Eugene C. .... 122 N. Lafayette Blvd.  
 Murphy, Josephine F. .... 625 J. M. S. Bldg.

## N-O

Nelson, F. Dale. .... 704 N. Main St.  
 Nelson, Raymond E. .... 206 E. Bartlett St.  
 Olson, Kenneth L. .... 615 Sherland Bldg.

## P

Parsons, Robert L. .... 424 Odd Fellows Bldg.  
 Pauszek, Thomas B. .... 726 W. Washington St.  
 Petrass, Andrew. .... 516 Sherland Bldg.  
 Phelps, Stephen R. .... 818 Sherland Bldg.  
 Plain, George. .... 122 N. Lafayette Blvd.  
 Proudfit, Charles H. .... 525 Odd Fellows Bldg.  
 Pyle, Harold D. .... 119 S. Eddy St.

## R

Rasmussen, Ruth F. .... 122 N. Lafayette Blvd.  
 Rigley, Edward L. .... 408 Sherland Bldg.  
 Rodin, Herman H. .... 103 E. Jefferson St.  
 Rosenheimer, George M. .... 418 N. Michigan St.  
 Rubens, Eli. .... 408 Odd Fellows Bldg.  
 Rudolph, Carl J. .... 110 W. Bartlett St.

## S

Sanderson, Robert B. .... 730 Sherland Bldg.  
 Sandock, Isadore. .... 402 Sherland Bldg.  
 Sandock, Louis F. .... 428 Sherland Bldg.



Sandoz, Harry H. .... 612 Odd Fellows Bldg.  
 Schiller, Herbert A. .... 226 Sherland Bldg.  
 Scott, Frank M. .... 122 N. Lafayette Blvd.  
 Selby, Keith E. .... 407 Lincolnway W.  
 Sellers, Francis M. .... 3209 Mishawaka Ave.  
 Sensenich, Roscoe L. (S) .... 128 S. Scott St.  
 Sharp, Merle C. .... 719 N. Main St.  
 Shelley, Edward S. .... 207 S. Taylor  
 Shriner, Richard L. .... 319 Odd Fellows Bldg.  
 Sisson, Norvel D. .... 531 N. Main St.  
 Skillern, Penn G. (S) .... 1002 Bldg. & Loan Tower  
 Skillern, Scott D. .... 430 Sherland Bldg.  
 Slominski, Harry H. .... 708 Odd Fellows Bldg.  
 Spenner, Raymond W. .... 726 Sherland Bldg.  
 Staunton, Henry A. .... 3023 Mishawaka Ave.  
 Stiver, Daniel D. .... 822 Sherland Bldg.  
 Stogdill, William J. .... 525 Sherland Bldg.  
 Stratigos, Joseph S. .... 17788 State Rd. 23

**T**

Thacker, Charles W. .... 531 N. Main St.  
 Thompson, John M. .... 921 Lincolnway E.  
 Thompson, Robert A. .... 913 S. Twyckenham Dr.  
 Thornton, Maurice J. .... 825 Sherland Bldg.  
 Tirman, Wallace S. .... 825 Sherland Bldg.  
 Traver, Perry C. .... 1010 Riverside Dr.

**V-W-X-Y-Z**

Vagner, S. Bernard ... 1303½ W. Washington Ave.  
 Vurpillat, Francis J. .... 132 N. Lafayette Blvd.  
 Walker, Edwin M., Jr. .... 3123 Mishawaka Ave.  
 Weiss, Eugene. .... 2521 S. Michigan  
 Wilhelm, Agatha M. .... 628 Sherland Bldg.  
 Wilson, James M. .... 621 J. M. S. Bldg.  
 Zeiger, Irvin. .... 3123 Mishawaka Ave.

Linton, Charles D. .... Walkerton  
 Skeen, Earl D. .... Walkerton  
 Cline, Kenneth L. .... Wyatt

Bosenbury, Charles S. (S)  
 3235 Riveria Dr., Coral Gables, Fla.  
 Ebersole, Carl. ... 2435 E. Adams St., Tucson, Ariz.  
 Ellison, Alfred. ... 7304 Encelia Dr., La Jolla, Calif.  
 Giordano, Alfred S. .... Siesta Key,  
 R. R. 4, Box 33, Sarasota, Fla.

Joest, Charles O.  
 5338 Camille St., Jacksonville, Fla.  
 Krabill, Willard S. .... M.C.C. LeVieux, Moulin,  
 Cete Belle Vue P.M.S. Salat Viet Nam  
 Nassef, George J.  
 4708 N. Poinsetta Ave., W. Palm Beach, Fla.

Orr, W. Robert. .... 4007 Genessee,  
 Kansas City (11), Mo.

Savery, Charles E.  
 1609 S. E. Sixth St., Deerfield Beach, Fla.  
 Ward, James W. ... 551 N. E. 93rd St., Miami 38, Fla.

**SCOTT COUNTY**

Bogardus, Carl R. .... Austin  
 McClain, Marvin L. .... Scottsburg  
 Napper, Floyd S. .... Scottsburg

**SHELBY COUNTY**

Nigh, Rufus M. .... Fairland  
 Davis, John A. .... Flat Rock  
 Jean, Thomas A. .... Morristown  
 Patten, Vernon C. (S) .... Morristown

**Shelbyville**

Alden, John O. .... 103 W. Washington St.  
 Dalton, Wilson L. .... 117 W. Washington St.  
 Gehres, Robert W. .... 15 S. Tompkins St.  
 Inlow, Herbert H. .... 103 W. Washington St.  
 Inlow, William D. .... 103 W. Washington St.  
 Miller, Richard C. .... 17 Mechanic St.  
 Richard, Norman F. .... 103 W. Washington St.  
 Scott, V. Brown. .... 103 W. Washington St.  
 Silbert, David B. .... 17 S. Tompkins St.  
 Spindler, Robert D. .... 165 W. Mechanic St.  
 Tindall, Paul R. .... 20 N. Pike St.

Tindall, William R. .... 505 S. Harrison St.  
 Tower, James H., Jr. .... 120 W. Jackson St.  
 Whitcomb, Roger F. .... 302 Methodist Bldg.

Coulson, Sewell B. (S) .... Waldron

**SPENCER COUNTY**

Gailey, Ivan ..... Chrisney  
 Barrow, John H. .... Dale  
 Medcalf, Norman L. .... Lamar  
 Jolly, Wesley P. .... Richland  
 Atchison, Kenneth C. .... Rockport  
 Ehrman, Calder D. (S) .... Rockport  
 Glackman, John C., Jr. .... Rockport  
 Monar, Michael ..... Rockport  
 Ambrose, Kenneth E. .... U.S.P.H.S., Carville, La.

**STARKE COUNTY**

Leinbach, Earl ..... Hamlet

**Knox**

DeNaut, James F. .... 4 N. Heaton St.  
 Henry, Howard J. .... 107 S. Main St.  
 Ingwell, Guy B. .... 201 S. Heaton St.  
 Krsek, Archie J. .... R. R. 3, Box 81, c/o Lucas  
 McClure, Clark. .... 107 S. Main St.

**North Judson**

Matthew, John R. .... 135 S. Lane St.

**STEUBEN COUNTY****Angola**

Artz, Richard W. .... 416 E. Maumee  
 Barton, Robert ..... 416 E. Maumee  
 Cameron, Don F. .... 416 E. Maumee  
 Cameron, Mary H. .... 416 E. Maumee  
 Crum, Marion M. .... Beatty Bldg.  
 Hartman, John J. .... 209 W. Felicity  
 Kissinger, Knight L. .... Elmhurst Hospital  
 Mason, Donald G. .... 416 E. Maumee  
 Rausch, Norman W. .... 416 E. Maumee

Blosser, Blaine A. (S) .... Fremont  
 McCormack, Lloyd L. .... Fremont  
 Alford, James A. .... Hamilton  
 Schrepferman, Wayne ..... Hamilton

**SULLIVAN COUNTY**

Brown, John S. .... Carlisle  
 Whipps, Charles E. (S) .... Carlisle  
 Dukes, Betty ..... Dugger  
 Dukes, Frederic M. .... Dugger  
 Dukes, Joe E. .... Dugger  
 Bethea, Robert O. .... Farmersburg  
 O'Dell, Harry C. .... Farmersburg

**Sullivan**

Bedwell, Marion H. .... 16 N. Court St.  
 Crowder, James H., Jr. .... Sullivan  
 Higbee, Paul (S) ..... 4 E. Washington St.  
 Maple, James B. (S) .... 117 W. Washington St.  
 Parmenter, Harry B. .... 117 W. Washington St.  
 Scott, Garland D. .... 117 W. Washington St.  
 Scott, Irvin H. .... 117 W. Washington St.  
 Taylor, John R. .... 105 N. Main, Palestine, Ill.  
 Daugherty, William L. .... Hutsonville, Ill.

**SWITZERLAND COUNTY**

(See Jefferson-Switzerland)

**TIPPECANOE COUNTY****Lafayette**

Ade, Charles H. .... 2211 South St.  
 Ade, Mary Keller. .... 2211 South St.  
 Balkema, Catherine M. .... 3 N. 18th St.  
 Bayley, William E. .... Home Hospital  
 Bolin, Robert C. .... 308 N. Eighth St.  
 Buhrmester, Harry C., Jr. .... 308 N. Eighth St.  
 Burkle, John C. (S) .... 133 N. Fourth St.



Burns, John T. .... 5 N. 25th St.  
 Calvert, Raymond R. .... 314 N. Sixth St.  
 Carpenter, James B. .... 216 N. Fourth St.  
 Cole, Ira ..... 2315 South St.  
 Cox, Wayne T. .... 216 N. Fourth St.  
 Coyner, Alfred B. .... 509 Lafayette Life Bldg.  
 Davis, Howard B. .... 308 N. Eighth St.  
 Dewey, George W. (S) .... 122 S. 28th St.  
 Donahue, George R. .... 718 Lafayette Life Bldg.  
 Dubois, Ramon B. .... 23 N. 25th St.  
 Eaton, Marion J. .... 214 Lafayette Life Bldg.  
 Engeler, James E. .... 308 N. Eighth St.  
 Ferguson, William B. .... 2211 South St.  
 Flack, Russell A. .... 217 N. Sixth St.  
 Frasch, Mahlon G. .... Lafayette Life Bldg.  
 Frey, Harley B. .... 405 Lafayette Life Bldg.  
 Gery, Richard E. .... 308 N. Eighth St.  
 Gripe, Richard P. .... 308 N. Eighth St.  
 Guthrie, James U. .... 1112 N. 15th St.  
 Haas, Charles F. .... 2211 South St.  
 Harden, Murray E. .... 716 Lafayette Life Bldg.  
 Harter, Eli B. .... 312 N. Eighth St.  
 Herrold, George W. .... 20 N. 24th St.  
 Holladay, Lloyd J. .... 411 Lafayette Life Bldg.  
 Hughes, Richard R. .... 2216 South St.  
 Hull, James E. .... 2211 South St.  
 Hunsberger, Walter G. .... 308 N. Eighth St.  
 Hunter, Frank P. .... 617 Lafayette Life Bldg.  
 Johnson, Herbert S. .... 312 N. Eighth St.  
 Johnson, Lowell R. .... 2315 South St.  
 Jones, David ..... 24 N. 24th St.  
 Karberg, Richard J. .... 420 Columbia St.  
 Klepinger, Harry E. .... 824 Lafayette Life Bldg.  
 Kohn, Robert W. .... 3010 Underwood  
 Laws, Kenneth F. .... 501 Lafayette Life Bldg.  
 Levering, Guy P. (S) .... 2113 S. Eighth St.  
 Loop, Floyd A. (S) .... 2211 South St.  
 Loop, Frederick A. .... 2211 South St.  
 McAdams, Hugh B. .... 2011 Kossuth St.  
 McAdams, Robert ..... 2011 Kossuth St.  
 McClelland, Donald C. .... 312 N. Eighth St.  
 McFadden, James M. .... 35 N. 25th St.  
 McKinley, Joseph ..... 312 Lafayette Life Bldg.  
 McKinney, Daniel H. .... 814 Lafayette Life Bldg.  
 Marsh, George W. .... 1405 N. 14th St.  
 Marvel, Howard R. .... 308 N. 8th St.  
 Mather, Charles R. .... 20 N. 24th St.  
 Miller, Roland E. .... 2200 Scott St.  
 Morrison, John S. (S) .... 422 N. Seventh St.  
 Neumann, Kenneth O. .... 618 Lafayette Life Bldg.  
 Pearlman, Samuel S. (S) .... 107 N. Sixth St.  
 Peterson, Joel A. .... 609 Lafayette Life Bldg.  
 Peyton, Frank W. .... 15 N. 25th St.  
 Ratcliff, Frank W. .... 405 Lafayette Life Bldg.  
 Rothrock, Philip W. .... 1625 Kossuth St.  
 Ruschli, Edward B. .... 510 Lafayette Life Bldg.  
 Shively, John L. .... 2211 South St.  
 Sholty, William M. .... 405 Lafayette Life Bldg.  
 Smith, Lowell C. .... 637 Ferry St.  
 Stahl, Edward T. .... 308 N. Eighth St.  
 Steele, Hugh H. .... 308 N. Eighth St.  
 Strayer, Joseph W. .... 612 Lafayette Life Bldg.  
 Trout, Carl J. .... 314 N. Sixth St.  
 Tubbs, George R. (S) .... 2503 Main St.  
 Van Buskirk, Edmund L. .... 308 N. Eighth St.  
 Van Den Bosch, Wallace R. .... 2216 South St.  
 Vermilya, Robert W. .... 405 Lafayette Life Bldg.  
 Williams, Robert E. .... 631 Columbia

Mitchell, Edgar T. (S) ..... Romney  
 Babb, Forrest J. .... Stockwell

#### West Lafayette

Ash, Harold H. .... 200 South St.  
 Carroll, Bertha Rose ..... Purdue University  
 Crockett, Franklin S. .... 424 Littleton St.  
 MacLeod, Donald F. .... Purdue University  
 Meikle, Louise J. .... 606 Terry Lane  
 Rommel, Clarence H. .... 456 Northwestern  
 Schmiedicke, Paul H. .... Purdue University

Stansell, Gilbert B. .... 746 Northridge Dr.

Bush, Jack A.  
 USNS 961, Box 8, F.P.O., San Francisco, Calif.  
 Larson, John A.  
 Central State Hosp., Nashville, Tenn,  
 Wagoner, John R.  
 2712 Nottingham, Houston, Tex.

#### TIPTON COUNTY

Belding, Ray T. .... Kempton  
 Stouder, Albert E. .... Kempton  
 Tranter, William F. .... Sharpsville

#### Tipton

Burkhardt, Boyd A. .... 202 S. West St.  
 Carter, Jean V. .... 130 N. Main St.  
 Compton, George ..... 219 N. Independence  
 Gossard, Meredith B. .... 120 W. Washington  
 Kincaid, Raymond K. .... 202 S. West St.  
 Kurtz, William A. .... 202 S. West St.

Ericson, Harold L. .... Windfall  
 Moser, Elmer B. (S) .... Windfall

#### UNION COUNTY

(See Wayne-Union)

#### VANDEBURGH COUNTY

#### Evansville

#### A

Acre, Robert R. .... 706 Walnut St.  
 Adler, Raymond N. .... 714 Second Ave.  
 Alexander, John E. .... 609 Hulman Bldg.  
 Anderson, Milton H. .... Evansville State Hospital  
 Antonetti, John A. .... Deaconess Hospital  
 Arendell, Robert E. .... 1623 Lincoln Ave.  
 Austin, Eugene W. .... 103 N. Main St.

#### B

Baker, Herman M. .... 402 Hulman Bldg.  
 Baker, Mason R. .... 957 S. Kentucky Ave.  
 Barclay, Irvin C. .... 114 S. E. Second St.  
 Barnhart, Willard T. .... 701 Chestnut St.  
 Baylor, Edward M. .... 501 E. Cherry St.  
 Beck, Robert E. .... 600 Mary St.  
 Begley, Joseph W., Jr. .... 314 S. E. Riverside Dr.  
 Bender, Martin J. .... 109½ S. E. 3rd St.  
 Bennett, Abner P. .... 412 S. E. Fourth St.  
 Bissonnette, Roger P. .... 420 Cherry St.  
 Boswell, Robert W. C. .... 2351 Division St.  
 Boyd, Stella N. .... 502 Hulman Bldg.  
 Britt, Robert ..... 420 Cherry St.  
 Brockmole, Arnold W. .... 201 S. E. Third  
 Bryan, Stanton L. .... 607 Hulman Bldg.  
 Buchholz, Ransom R. .... 420 Cherry St.  
 Buehner, Donald F. .... 2104 Washington Ave.  
 Burnikel, Ray H. .... 527 Sycamore St.

#### C

Cacia, John J. .... 609 Hulman Bldg.  
 Caldwell, William C. .... 504 Old National Bank Bldg.  
 Carlson, Ralph F. .... 517 Sycamore St.  
 Cheydleur, Eleanor P. .... 314 S. E. Riverside Dr.  
 Clements, Albert F. .... 3315 Lincoln Ave.  
 Clouse, Paul A. .... 613 S. Weinbach Ave.  
 Cockrum, William M. .... 908 Hulman Bldg.  
 Cole, William L. .... 10 N. Weinbach  
 Coleman, Joseph E. .... 216 S. E. Riverside Dr.  
 Combs, Herman T. .... 807 W. Indiana  
 Combs, John H. .... 412 S. E. Fourth St.  
 Combs, Pearl B. .... 4109 Lincoln  
 Corcoran, Patrick J. V. .... 3700 Bellemeade  
 Crawford, James H. .... 221 Chestnut St.  
 Crevello, Albert J. .... Clearview Sanitarium  
 Crimm, Paul D. .... Boehne Hospital  
 Cullnane, Chris W. .... 2312 W. Franklin St.

#### D

Daves, William L. .... 608 Old National Bank Bldg.  
 Davidson, Harold H. .... 420 Cherry St.  
 Deems, Myers B. .... 314 S. E. Riverside Dr.



Denzer, Edward K. . . . . 108 S. E. Second St.  
 Denzer, William O. . . . . 108 S. E. Second St.  
 Dieckman, Herbert S. . . . 1012 Citizens Bank Bldg.  
 Diefendorf, Charles F. (S) . . . 2106B W. Franklin  
 Dodd, Roberts K. . . . . 2605 Lincoln Ave.  
 Drake, Dale W. . . . . St. Mary's Hospital  
 Dunham, Henry H. . . . . 420 Cherry St.  
 Durkee, Melvin S. . . . . 3700 Bellemeade  
 Dycus, Walter A. . . . . 319 N. St. Joseph Ave.  
 Dyer, Wallace K. . . . . 221 Chestnut St.

## E

Ehrich, William S. (S) . . . Evansville State Hospital  
 Eisterhold, John A. . . . . 314 S. E. Riverside Dr.  
 Engel, Edgar L. . . . . 126 S. E. Seventh St.

## F

Faith, Ira L. . . . . 950 Blue Ridge Rd.  
 Faul, Henry J. . . . . 815 Hulman Bldg.  
 Faw, Melvin L. . . . . 420 Cherry St.  
 Fenneman, Robert J. . . . . 29 S. E. Seventh St.  
 Fickas, Dallas . . . . . 619 Mary St.  
 Fisher, William C. . . . . 413 First Ave.  
 Fitz Gerald, Maurice D. . . . 924 Bayard Park Dr.

## G

Garland, Edgar A. . . . . 606 S. Weinbach  
 Gaul, L. Edward . . . . . 509 Hulman Bldg.  
 Getty, William H. . . . . 420 Cherry St.  
 Giorgio, Douglas J. . . . . 916 S. Burkhardt Rd.  
 Griep, Arthur H. . . . . 420 Cherry St.  
 Guckien, Joseph L. . . . . 609 Hulman Bldg.

## H

Hamilton, Mary F. . . . . P. O. Box 837  
 Hammond, R. Case . . . . . 701 Chestnut St.  
 Hare, Daniel M. . . . . 706 Walnut St.  
 Hart, L. Paul . . . . . 3700 Bellemeade Ave.  
 Hartley, Clarence A., Jr. . . . . 221 Chestnut St.  
 Hartz, F. Minton . . . . . 123 S. E. Second St.  
 Heard, Albert . . . . . 322 E. Cherry St.  
 Heinrich, Weston A. . . . . 314 S. E. Riverside Dr.  
 Hendershot, Eugene L. . . . . 412 S. E. Fourth St.  
 Hermayer, Stephen . . . . . 220 S. E. Seventh St.  
 Herrmann, Gordon T. . . . . 3700 Bellemeade  
 Herzer, Clarence C. . . . . 322 N. Fulton  
 Hobbs, Arthur A. . . . . 600 Mary St.  
 Hoopes, Jane M. . . . . 3700 Bellemeade  
 Hoover, J. Guy . . . . . 309 Third & Main Bldg.  
 Huggins, Victor S. . . . . 703 Citizens Nat'l Bank Bldg.  
 Hyatt, Gilbert T. . . . . 1106 W. Franklin St.

## J

Jernigan, William R. . . . . 1400 Cass Ave.  
 Johnson, Gardner C. (S) . . . . 1412 Parkside Dr.  
 Johnson, Harold V. . . . . 2114 W. Franklin St.  
 Johnson, Stephen L. . . . . 521 Sycamore St.

## K

Kauffman, Harley M. . . . . 219 Walnut St.  
 Kessler, Robert B. . . . . 1338 Division St.  
 Kiechle, Frederick L. . . . . 1415 S. Linwood Ave.  
 Kleindorfer, Roscoe L. . . . . 819 W. Franklin St.

## L

Laubscher, Clarence . . . . . 6621 Kratzville Rd.  
 Lawrence, Joseph C. . . . . 413 First Ave.  
 Leibundguth, Henry . . . . . 221 Chestnut St.  
 Leich, Charles F. . . . . 124 S. E. First St.  
 Lindsey, Sherman B. . . . . 420 Cherry St.  
 Little, Robert C. . . . . Mead Johnson and Co.  
 Logan, Jesse R. . . . . 419 Edgar St.  
 Lynch, Harold D. . . . . 216 S. E. Riverside Dr.

## M

McCool, Joseph H. . . . . 314 S. E. Riverside Dr.  
 McDonald, Joseph D. . . . . 517 Sycamore St.  
 Macer, Clarence G. . . . . 901 Hulman Bldg.  
 MacKenzie, Pierce . . . . . 126 S. E. Seventh St.  
 Mason, Everett E. . . . . 906 Hulman Bldg.  
 Mathews, James R. . . . . 118 S. E. First St.  
 Miller, Laverne B. . . . . 714 N. Main St.  
 Miller, Milton . . . . . 15 W. Franklin St.  
 Miller, Minor . . . . . 201 S. E. Third St.  
 Miller, Robert J. . . . . 1905 Division St.

Mills, Fred E. . . . . Deaconess Hospital  
 Mino, Raymond W. . . . . 723 Mary St.  
 Mino, Robert A. . . . . 723 Mary St.  
 Moehlenkamp, Charles E. . . . 614 N. Governor St.  
 Muelchi, Adeline F. . . . . 518 Hulman Bldg.

## N

Nenneker, Henry (S) . . . . . R. R. 9, Harmonyway  
 Newman, Alvin E. . . . . 912 Hulman Bldg.  
 Nichols, Thomas H. . . . . 1105 S. E. First St.  
 Niedermayer, Alfred J. . . . . 960 Washington Ave.  
 Nisenbaum, Harold . . . . . 704 Hulman Bldg.  
 Nonte, Leo R. . . . . 1218 Lincoln Ave.

## O

Oswald, Robert H. . . . . 126 S. E. Seventh St.

## P

Pastor, Julius W. . . . . 713 First Ave.  
 Pemberton, Jack J. . . . . 319 N. St. Joseph Ave.  
 Pollard, Walter S. . . . . 115 S. E. Second St.  
 Porro, Francis W. . . . . 713 First Ave.  
 Present, Julian . . . . . 113 S. E. Second St.  
 Price, Shirley G. . . . . 420 Cherry St.  
 Pugh, Willis L. . . . . 413 First Ave.

## R

Ratcliffe, Albert W. . . . . 510 S. E. First St.  
 Ravdin, Bernard D. . . . . 712 Hulman Bldg.  
 Reich, Clarence E. . . . . 1209 N. Fulton  
 Reitz, Thomas F. . . . . 700 N. Sixth St.  
 Ringham, Jarrett . . . . . 401 Chandler Ave.  
 Rininger, Harold C. . . . . 1359 Washington Ave.  
 Ritchie, William D. . . . . 555 Herndon Dr.  
 Robinson, Earle U. . . . . 615 Bellemeade  
 Rosenblatt, Bernard B. . . . . 709 Hulman Bldg.  
 Rossow, Russell J. . . . . 118 S. E. First St.  
 Royster, George M. . . . . 810 Citizens Nat'l Bank Bldg.  
 Royster, Robert A. . . . . 810 Citizens Nat'l Bank Bldg.  
 Rusche, Henry J. . . . . 313 W. Iowa  
 Russell, Richard H. . . . . 2309 E. Chandler Ave.

## S

Schirmer, Robert H. . . . . 1118 W. Franklin St.  
 Schimmelpfennig, Robert W. . . . 1013 Parrett St.  
 Schneider, Charles P. . . . . 2211 W. Franklin St.  
 Schriefer, Victor V. . . . . 1120 N. Main St.  
 Sinn, Charles M. . . . . 402 Hulman Bldg.  
 Slaughter, Howard C. . . . . 908 Hulman Bldg.  
 Slaughter, John C. . . . . 3700 Bellemeade  
 Slaughter, Owen L. . . . . 3700 Bellemeade  
 Snively, William D., Jr. . . . . Mead Johnson and Co.  
 Sprecher, Herman C. . . . . 527 Sycamore St.  
 Springstun, Walter R. . . . . 601 Hulman Bldg.  
 Steckler, Robert J. . . . . 1400 Cass Ave.  
 Steele, Paul W. . . . . 1218B Lincoln Ave.  
 Sterne, John H. . . . . 221 Chestnut St.  
 Stork, Urban . . . . . 420 Cherry St.  
 Strueh, Paul E. . . . . 220 S. E. Seventh St.  
 Sweeney, Michael J. . . . . Mead Johnson & Co.

## T

Tager, Stephen N. . . . . 219 Walnut St.  
 Thompson, Naiad Mason . . . . . 1825 Sweetzer  
 Tilden, Margaret H. . . . . 700 Mary St.  
 Tuholski, James M. . . . . Mead Johnson & Co.  
 Turner, Isabel B. . . . . 302 N. Kelsay  
 Tweedall, Daniel C. . . . . 527 Sycamore St.

## U-V

Viehe, Robert W. . . . . 207 S. E. First St.  
 Visser, John W. . . . . 805 Old National Bank Bldg.

## W

Walter, Robert F. . . . . 1514 S. Kentucky Ave.  
 Warner, Charles L. . . . . 420 Cherry St.  
 Watson, James L. . . . . 1158 Lincoln Ave.  
 Weber, Edgar H. . . . . 123 S. E. Second St.  
 Weiss, Henry G. . . . . 614 Hulman Bldg.  
 Welborn, Mell B. . . . . 420 Cherry St.  
 Wilhelmus, C. Kenneth . . . . . 115 S. E. Seventh St.  
 Wilhelmus, Gilbert M. . . . . 1028 Washington  
 Wilhelmus, William M. (S) . . . . . R. R. 7  
 Willis, Charles F. . . . . 1100 S. Bedford Ave.  
 Willison, George W. . . . . 3700 Bellemeade



Wilson, David ..... 517 Mary St.  
 Wilson, John D. .... 3700 Bellemeade  
 Wilson, Ralph ..... 517 Mary St.  
 Woods, William P. (S) ..... 5050 Lincoln Ave.  
 Wynn, Justice F. .... 906 Hulman Bldg.

## X-Y-Z

Young, C. Curtis ..... 126 S. E. Seventh St.  
 Zeier, Francis G. .... 420 Cherry St.  
 Zimmerman, Harold ..... 6 S. E. Second St.  
 Ziss, Robert C. .... 216 S. E. Riverside  
 Zwickel, Ralph E. .... 417 Third & Main Bldg.

Antes, Earl H. .... 7021st SU AH, Ft. Belvoir, Va.  
 Mahaffy, John H. .... Stockbridge, Mass.  
 Oppenheimer, Ernst  
   VA Hospital, 408 First Ave., New York 10, N. Y.  
 Ritz, Albert S. .... 4022 Elmwood, Louisville, Ky.  
 Wheeler, Clarence J. .... 7655 Hereford St.,  
   Houston (17), Tex.

## VERMILLION COUNTY

(See Parke-Vermillion)

## VIGO COUNTY

Loving, Jury B. .... New Goshen  
 DuPuy, Charles M. (S) ..... Riley  
 McIntosh, Wilbert ..... Riley  
 Jett, Clyde W. .... Seelyville

## Terre Haute

## A

Alexander, Oliver O. .... 301 Rose Dispensary Bldg.  
 Allen, Orris T. (S) .... 422 Rose Dispensary Bldg.  
 Anderson, Walter C. .... 2235 Wabash Ave.  
 Asbury, William D. (S) ..... R. R. 1  
 Ault, Roy ..... 3050 Poplar St.  
 Aust, Charles H. .... 2006 Wabash Ave.

## B

Baldrige, William O. .... 12 Points State Bank Bldg.  
 Bannon, William G. .... 416 Rose Dispensary Bldg.  
 Blum, Leon L. .... 210 Rose Dispensary Bldg.  
 Bopp, Henry, Jr. .... 221 S. Sixth St.  
 Bopp, James ..... 236 S. 21st St.  
 Boyd, H. Clark ..... 221 S. Sixth St.  
 Bradley, Stephen C. (S) ..... 916 S. 25th St.  
 Bronson, Paul J. .... 3050 Poplar St.  
 Brown, Robert R. .... 221 S. Sixth St.

## C

CaJacob, Melville E. .... 1000 S. Sixth St.  
 Caldwell, Milton V. .... 721 Wabash Ave.  
 Cavins, Alexander W. .... 221 S. Sixth St.  
 Combs, Charles N. .... 2516 N. Ninth St.  
 Combs, Stuart R. .... 3050 Poplar St.  
 Congleton, George C. (S)  
   308 Merchants National Bank Bldg.  
 Conklin, James O. .... 500 Rose Dispensary Bldg.  
 Conway, Thomas J. .... 221 S. Sixth St.  
 Curry, Claude A. .... 506 Rose Dispensary Bldg.

## D

Davidson, Dale A.  
   101 N. Seventh, West Terre Haute  
 Davis, Merle J. .... 221 S. Sixth St.  
 Decker, Harvey B. .... 14 Rea Bldg.  
 Denny, E. Rankin ..... 221 S. Sixth St.  
 Douglas, John J. .... 1606 N. Seventh St.  
 Dyer, George W. .... 2235 Wabash Ave.

## F

Fiederlein, Frederick J. .... 2235 Wabash Ave.  
 Forsyth, David H. (S) ..... 714 S. Eighth St.  
 Freed, John E., Jr. .... 414 Rose Dispensary Bldg.  
 Freed, John E. .... 414 Rose Dispensary Bldg.  
 Fuqua, Harold B. .... 1616 N. Ninth St.

## G

Gerrish, Donald A. .... R. R. 7  
 Gilbert, Ivan ..... 509 Rose Dispensary Bldg.  
 Goodman, Hubert T. .... 310 Opera House Bldg.

Gossom, Donn R. .... Rose Dispensary Bldg.  
 Grindrod, John M. .... Ind. State Teachers College

## H

Harkness, Robert G. .... 301 Rose Dispensary Bldg.  
 Haslem, Ezra R. .... 401 Rose Dispensary Bldg.  
 Haslem, John R. .... 221 S. Sixth St.  
 Hogan, Thomas W. .... 627 Cherry St.  
 Hoover, Dewey A. .... 14½ N. Third St.  
 Humphrey, Paul E. .... 500 Rose Dispensary Bldg.  
 Hunt, Edgar J. .... R. R. 1

## K

Kabel, Robert N. .... 3050 Poplar St.  
 Kinser, George H. .... P. O. Box 894  
 Kriebble, William W. .... 221 S. Sixth St.  
 Kunkler, Arnold W.  
   312 Merchants Nat'l Bank Bldg.  
 Kunkler, Joseph (S) ..... 408 Chestnut  
 Kunkler, William C.  
   212 Merchants Nat'l Bank Bldg.

## L

LaBier, Clarence R. (S) ..... 1630 Wabash Ave.  
 LaBier, C. Russell ..... 1630 Wabash Ave.  
 Lancet, Robert O. .... 2101 Wabash Ave.  
 Lee, James ..... St. Anthony Hospital  
 Loewenstein, Werner L. .... 1537 S. Seventh St.  
 Luckett, Coen L. .... 211 Fairbanks Bldg.  
 Lyons, L. Mason ..... 123 S. 21st St.

## M

McBride, Noel S. .... 407 Merchants Nat'l Bank Bldg.  
 McCrea, Fred R. .... 416 Tribune Bldg.  
 McEwen, James W. .... 670 Cherry St.  
 McLaughlin, Gordon C. .... 608 Tribune Bldg.  
 Mahoney, Charles L. .... 221 S. Sixth St.  
 Malone, Leander A. .... 721 Wabash Ave.  
 Mason, Lester M. .... 312 Merchants Nat'l Bank Bldg.  
 Mattox, Don M. .... 1700 N. Seventh St.  
 Meyn, Werner P. .... 221 S. Sixth St.  
 Miklozek, John E. .... 1461 S. Seventh St.  
 Milleson, Ann L. M. .... 826 S. Center St.  
 Musselman, Glen G. .... 7222 Wabash Ave.

## N-O

Nay, Ernest O. .... 221 S. Sixth St.  
 Neudorff, Louis G. .... 221 S. Sixth St.  
 Oliphant, Robert W. .... 1603 S. 7th St.

## P

Pearce, Roy V. .... 1440 S. 25th St.  
 Pierce, Harold J. (S) ..... 627 Cherry St.

## R

Reed, Robert C. .... 211 Fairbanks Bldg.  
 Reynolds, Richard J. .... 901 S. 25th St.  
 Richart, James V. .... 414 Rose Dispensary Bldg.  
 Riggs, Floyd C. .... 2228 Wabash Ave.  
 Rogers, Robert S. .... 26 N. Sixth St.  
 Rubin, Milton M. .... 221 S. 19th St.

## S

Sayers, Frank E. .... 436 Bluebird Dr.  
 Scherb, Burton E. .... 104 N. Seventh St.  
 Schott, Edward J. (S) ..... 653 Oak St.  
 Schumaker, Robert A. .... 3050 Poplar St.  
 Selsam, Etta B. (S)  
   203 Merchants Nat'l Bank Bldg.  
 Shanklin, Vernon A. (S) ..... 672½ Wabash Ave.  
 Shapiro, Burton J. .... 924 N. 19th St.  
 Showalter, John R. .... 1255½ Maple Ave.  
 Siebenmorgen, Louis ..... 1200 S. Eighth St.  
 Siebenmorgen, Paul ..... 1200 S. Eighth St.  
 Silverman, Norman M. .... 1634 S. Seventh St.  
 Smoots, Samuel A. (S) ..... 1307 Maple Ave.  
 Speas, Robert C. .... 721 Tribune Bldg.  
 Spigler, James F. .... 152 S. 20th St.  
 Stewart, Walter E. .... 721 Wabash Ave.  
 Stoelting, J. Lewis ..... 507 Rose Dispensary Bldg.  
 Strecker, William L. .... 2250 Wabash Ave.



Strong, Daniel S. (S).....2610 Lafayette Ave.  
Sullivan, John M.....1712 Franklin St.

T-U-V

Topping, Malachi C.....3050 Poplar St.  
Van Arsdall, Clarence R.....17 S. Ninth St.  
Veach, William L.....500 Rose Dispensary Bldg.  
Voges, Edward C.....702 College Ave.

W

Weber, Joseph G. S.....723 Wabash Ave.  
Weinbaum, Jack G.....206 Rose Dispensary Bldg.  
White, James V.....721 Wabash Ave.  
Wiedemann, Frank E. (S)

222 Rose Dispensary Bldg.

Wilkerson, Edward L.....6½ N. Fourth St.  
Wilson, Fred L.....1501 S. Third St.  
Wyeth, Charles (S).....1100 S. Seventh St.

X-Y-Z

Zwerner, Paul F.....12 Points State Bank Bldg.

Johnson, Paul D.....Veterans Hosp., Dayton, Ohio

WABASH COUNTY

Walker, James L.....LaFontaine

North Manchester

Balsbaugh, George.....107 W. Seventh St.  
Brubaker, Ora G. (S).....111 N. Market St.  
Bunker, Ladoska Z.....North Manchester  
Cook, Charles E.....114 W. Main St.  
Keller, Frank G. (S)....Peabody Memorial Home  
Seward, George W.....111 E. Main St.  
Venable, George L.....106 W. Main St.  
Warvel, Joseph L. (S).....North Manchester

Wabash

Black, Edgar K.....268 N. Miami St.  
Dannacher, William D.....284 N. Wabash  
Elward, Carl J.....1280 Columbus  
Goldstone, Harry A.....280 N. Wabash  
Hanneken, Vincent J.....86 N. Comstock  
LaSalle, Robert M.....55 W. Market St.  
Mills, John F.....24 E. Main St.  
Pearson, William E.....290 N. Wabash  
Rauh, Robert A.....620 Bond St.  
Steffen, Arthur J.....70 W. Hill  
Steffen, Julius T.....443 N. Wabash  
Stoops, Jean T.....280 N. Wabash  
Whisler, Frederick M.....10 W. Hill  
Kidd, James G.....Veterans Hosp., Wood, Wis.

WARREN COUNTY

(See Fountain-Warren)

WARRICK COUNTY

Boonville

Dimmett, Robert P.....214 S. Second St.  
Hoover, Peter B.....223 W. Locust St.  
Purcell, J. H.....Boonville  
Rudolph, Kenneth J.....214 S. Second St.  
Stover, Wendell C.....125½ S. Second St.  
Wilson, Paul E.....126 N. Third St.

Dutchman, William R.....Chandler  
Gill, Bernard P.....Chandler  
Rogers, Arthur R.....Newburgh  
Wilhelmus, Charles M. (S).....Newburgh

WASHINGTON COUNTY

Tower, Thomas K.....Campbellsburg  
Paynter, William.....Pekin

Salem

Apple, Eddie R.....501 W. Market St.  
Episcopo, Arsenius R.....308 N. Main St.  
Fultz, Roy L.....307 W. Market St.  
Gilliatt, James P.....204 S. High St.  
Huckleberry, Irvin E.....502 W. Mulberry St.

WAYNE-UNION COUNTIES

Clark, Marion E.....Cambridge City  
Hill, Paul G.....Cambridge City  
Kenyon, Charles E.....Cambridge City  
Barton, Willoughby M.....Centerville  
Hutchison, Donald R.....Fountain City  
Zimmerman, William H.....Dublin  
Charles, Henry L.....R. R. #1, Economy  
Hollenberg, Alfred E.....Hagerstown  
Marsh, Chester A.....Hagerstown  
Miller, William A.....Hagerstown

Liberty

Clarkson, Clarence G.....304 E. Union St.  
Lewis, James F.....28 E. Union St.  
McWilliams, William B.....Liberty  
Thompson, Will A. (S).....106 S. Main St.

Denny, Edgar C.....Milton

Richmond

Adney, Frank B.....215 Medical Arts Bldg.  
Ake, Loren.....410 First National Bank Bldg.  
Allen, Hubert E.....21 S. Eighth St.  
Allen, Robert T.....36 S. Eighth St.  
Ballenger, William E.....309 Medical Arts Bldg.  
Blossom, Paul W.....825 S. A St.  
Bond, Charles S. (S).....112 N. 10th  
Brooks, G. Tanner.....29 S. 12th St.  
Brown, Richard J.....310 Colonial Bldg.  
Buche, Frederick P. (S).....106 S. Seventh St.  
Coble, Frank H.....51 S. Eighth St.  
Cook, Norman R.....1710 Reeveston Rd.  
Cox, Leon T.....36 S. Eighth St.  
Daggy, James R.....35 S. Eighth St.  
Dingle, Paul E.....216 Medical Arts Bldg.  
Dreyer, Ralph W.....2 S. W. 17th St.  
Ebbinghouse, Tom.....98 W. Main St.  
Ensey, Philip L.....512 W. Main St.  
Griffis, Vierl C.....201 S. 23rd St.  
Guthrie, James R.....25 S. Eighth St.  
Hadley, Harvey (S).....627 S. 14th St.  
Hagie, Franklin E.....1110 S. A St.  
Harmon, Carl J.....407 Medical Arts Bldg.  
Herring, George N.....Richmond State Hospital  
Hill, Gladys Marie.....407 Medical Arts Bldg.  
Hill, Harold D.....412 Medical Arts Bldg.  
Hunt, Gayle J.....Reid Memorial Hospital  
Johnson, George M.....403 Medical Arts Bldg.  
Johnson, Paul S. (S).....215 Medical Arts Bldg.  
Kime, Charles E.....810 S. A St.  
Klepfer, Jefferson.....Richmond State Hospital  
Kreidl, Dorothy R.....Richmond State Hospital  
Krueger, Frederick W. (S).....45 S. Seventh St.  
Laird, Leslie A.....Richmond State Hospital  
Lee, Glen Ward.....139 Medical Arts Bldg.  
Ling, John F.....505 First National Bank Bldg.  
Logan, James Z.....303 Second National Bank Bldg.  
Loomis, Charles H.....310 Medical Arts Bldg.  
McIlroy, Richard J.....Richmond State Hospital  
Mader, John H.....2000 E. Main St.  
Malcolm, Russell.....127 Medical Arts Bldg.  
Meredith, Elwood J.....203 Medical Arts Bldg.  
Millis, Arthur B.....Wayne Bldg.  
Passino, James.....Reid Memorial Hospital  
Ramsdell, Glen A.....1020 Peacock  
Ross, Harry P.....410 Second National Bank Bldg.  
Ross, James S.....321 S. 14th St.  
Runge, Paul W.....1426 E. Main St.  
Sage, Charles V.....48 S. 11th St.  
Sherer, Kenneth E.....422 Medical Arts Bldg.  
Shields, Tom S.....47 S. 11th St.  
Smith, John R.....510 S. A St.  
Snyder, Morris C.....130 Medical Arts Bldg.  
Stamper, Lucian A.....402 Medical Arts Bldg.  
Stepleton, John D.....Reid Memorial Hospital  
Stillwell, William R.....104 S. 14th St.  
Sweet, Howard E.....35 S. Eighth St.



Taylor, William R.....308 Medical Arts Bldg.  
 Vance, William C.....136 Medical Arts. Bldg.  
 Wanninger, Horace...408 Second Nat'l Bank Bldg.  
 Warrick, Francis B.....1426 E. Main St.  
 Weinstein, Edwin B.....204 Colonial Bldg.  
 Weitemier, Raymond A.....2000 E. Main St.  
 Wertenberger, Morris D...Reid Memorial Hospital  
 Whallon, Arthur J.....29 S. 10th St.  
 Wiland, Olin K.....Reid Memorial Hospital  
 Wisener, Guthrie H.....213 Medical Arts Bldg.  
 Wynegar, David E.....Richmond State Hospital  
 Yencer, Martin W. (S).....22 N. 14th St.  
 Zeps, E. Frances.....701 S. 16th St.

Heck, Rolfe A.....College Corner, Ohio  
 Shepard, Fred F.....College Corner, Ohio

## WELLS COUNTY

### Bluffton

Bishop, Robert E.....303 S. Main St.  
 Boonstra, Charles E.....303 S. Main St.  
 Brewer, Robert A.....303 S. Main St.  
 Brickley, Harry D.....227 S. Main St.  
 Buckner, Joy F.....116 E. Walnut St.  
 Caylor, Harold D.....303 S. Main St.  
 Caylor, Truman E.....303 S. Main St.  
 Cook, Robert G.....303 S. Main St.  
 Dorrance, Thomas O.....303 S. Main St.  
 Eisaman, Jack L.....303 S. Main St.  
 Gitlin, Max M.....121 E. Market St.  
 Gitlin, William A.....121 E. Market St.  
 Hamilton, Orville G.....227 S. Main St.  
 Jackson, Charles E.....303 S. Main St.  
 Johnston, Robert L.....303 S. Main St.  
 Kephart, S. Bruce.....303 S. Main St.  
 Mead, Clarence H. (S).....227 S. Main St.  
 Nickel, Allen A. C.....303 S. Main St.  
 Phillips, John F.....303 S. Main St.  
 Pietz, David G.....303 S. Main St.  
 Smithwood, Robert L.....303 S. Main St.  
 Symon, William E.....303 S. Main St.  
 Talbert, Pierre C.....303 S. Main St.  
 Yoder, Richard P.....303 S. Main St.

Gingerick, Charles M.....Liberty Center  
 Davidoff, Manuel A.....Ossian

Hardin, Wayne E.....Ossian  
 Huffman, Galen C.....Poneto

Brickley, Richard A...Cook Co. Hosp., Chicago, Ill.  
 Gillette, Walter R.....Ulster, Pa.  
 Rudy, Donald B.  
 1237 Vanderburg Ave., Larson AFB, Wash.  
 Yanson, Mannfredo R. S.  
 Eagleville Sanitarium, Eagleville, Pa.

## WHITE COUNTY

Galbreth, Jesse P. (S).....Burnettsville  
 Derhammer, George L.....Brookston  
 Netherton, Clyde R.....Chalmers  
 Houser, Wayne W.....Monon  
 McClure, Stanley E.....Monon

### Monticello

Beck, David C.....135 S. Illinois St.  
 Carney, John C.....116 N. Illinois St.  
 Dickerson, W. Martin.....122½ N. Main St.  
 Fullerton, Robert L.....201 Beach Dr.  
 Hibner, Nolan A.....110 S. Main St.  
 Morris, Warren V.....118 Court St.

Mayfield, Clifford H. (S).....Reynolds  
 Baynes, Frank L.....Wolcott  
 Forbes, Violet Crabbe.....Wolcott

## WHITLEY COUNTY

Hershey, Ernest A., Jr.....Churubusco  
 Hershey, Ernest A.....Churubusco  
 Minick, Linus J.....Churubusco

### Columbia City

Brenton, Harold L.....215 E. Van Buren  
 Hamilton, Thomas.....Columbia City  
 Heritier, C. Jules.....116 S. Chauncey  
 Langohr, John.....215 E. Van Buren St.  
 Lehmborg, Otto F. C.....118 E. Van Buren St.  
 Niccum, Warren L.....215 E. Van Buren St.  
 Nolt, Ernest V.....103 N. Line  
 Reid, Donald B.....118 E. Van Buren  
 Vogel, John L.....215 E. Van Buren St.  
 Wait, Jerome H.....112 N. Main St.

Huffman, Verlin P.....South Whitley  
 Ridlon, Albert M.....South Whitley





WOMAN'S AUXILIARY  
to the  
INDIANA STATE MEDICAL ASSOCIATION

OFFICERS

PRESIDENT	Mrs. Joseph Dudding	Main Street	Hope
PRESIDENT-ELECT	Mrs. Earl W. Bailey	2522 North St.	Logansport
FIRST VICE-PRESIDENT	Mrs. Wendell C. Stover		Boonville
SECOND VICE-PRESIDENT	Mrs. Kenneth G. Hill	100 Leland	New Castle
THIRD VICE-PRESIDENT	Mrs. Burton E. Kintner	3520 E. Jackson	Elkhart
FOURTH VICE-PRESIDENT	Mrs. Donn R. Gossom	1904 Ohio Blvd.	Terre Haute
RECORDING SECRETARY	Mrs. Thomas W. Johnson	5735 Washington Blvd.	Indianapolis
CORRESPONDING SEC'Y	Mrs. Jack E. Shields		Brownstown
TREASURER	Mrs. Kenneth H. Brown	1654 Hedden Park	New Albany
PARLIAMENTARIAN	Mrs. Charles F. Voyles	4150 N. Meridian	Indianapolis
HISTORIAN	Mrs. Philip T. Holland	1001 S. Jordan St.	Bloomington
IMMEDIATE			
PAST-PRESIDENT	Mrs. William R. Tindall	616 S. Harrison St.	Shelbyville
CHAIRMAN OF			
COUNCILORS	Mrs. George W. Wagoner	305 W. Summit St.	Delphi

COMMITTEE CHAIRMEN

ORGANIZATION	Mrs. Earl W. Bailey	2522 North	Logansport
EDITORIAL	Mrs. Frank Green	516 N. Morgan St.	Rushville
BULLETIN	Mrs. Paul Stier	3807 Fairfield Ave.	Fort Wayne
CIVIL DEFENSE	Mrs. Walter P. Morton	3434 E. Fall Creek Blvd. N. Drive	Indianapolis
FINANCE	Mrs. William R. Tindall	616 S. Harrison St.	Shelbyville
LEGISLATIVE	Mrs. Otis R. Bowen		Bremen
TODAY'S HEALTH	Mrs. Robert Reed	R. R. 1, Capital Ave.	Mishawaka
PUBLICITY	Mrs. J. W. Sibbitt	818 Sheridan Dr.	Bloomington
PROGRAM	Mrs. Paul Merrell	5367 Kenwood Ave.	Indianapolis
RURAL & SCHOOL HEALTH	Mrs. Kenneth Schneider		Nashville
NURSE RECRUITMENT	Mrs. Arthur Moravec	4711 Old Mill Rd.	Fort Wayne
PUBLIC RELATIONS	Mrs. Louis Parrott	131 W. 46th St.	Gary
MEDICAL CARE			
INSURANCE	Mrs. Frank Hall	8633 N. Pennsylvania	Indianapolis
RULES COMMITTEE	Mrs. Hubert T. Goodman	328 Potomac	Terre Haute
AMERICAN MEDICAL			
EDUCATION			
FOUNDATION	Mrs. Alvin Schaaf		Jamestown
MENTAL HEALTH	Mrs. Leslie Laird	Richmond State Hosp.	Richmond
SAFETY	Mrs. Robert P. Acher	446 E. Washington	Greensburg
MEMBERS-AT-LARGE			
CHAIRMAN	Mrs. James W. Crain		Williamsport

MEMBERSHIP ROSTER—BY COUNTIES

ADAMS COUNTY

Berne	
Beaver, Mrs. N. E.	866 Columbia
Bose, Mrs. Robert L.	255 Dearborn
Luginbill, Mrs. Howard	755 W. Main St.

Decatur

Burk, Mrs. J. M.	221 S. Third
Girod, Mrs. A. H.	1004 W. Monroe
Kohne, Mrs. G. J.	304 W. Adams
Rich, Mrs. Norville S.	415 W. Madison
Terveer, Mrs. John B.	1721 W. Monroe St.
Zwick, Mrs. H. F.	401 E. Rugg
Schetgen, Mrs. J. V.	Box 236, Geneva

ALLEN COUNTY

Bluffton

Brickley, Mrs. Harry D.	227 S. Main
Buckner, Mrs. J.	116 E. Walnut
Hamilton, Mrs. O. G.	203 E. Central
Mead, Mrs. C. H.	221 W. Washington

Fort Wayne

A

Adams, Mrs. E. Wade	4114 Indiana Ave.
Adams, Mrs. J. R.	2538 Fairfield Vw. Pl.
Aiken, Mrs. Arthur F.	R. R. #1, Waterswold Add.
Aiken, Mrs. Nevin E.	1923 E. State
Arata, Mrs. Justin E.	4220 Fairfield

B

Bailey, Mrs. Paul	1840 Pemberton
Baltes, Mrs. Joseph H.	1309 Sunset Dr.
Barch, Mrs. John W.	1715 Poinsette
Bash, Mrs. W. E.	1201 Korte Lane
Beams, Mrs. Ralph	3710 Wawonaissa
Beierlein, Mrs. Karl M.	2716 Butler Road
Bergendahl, Mrs. Emil	4225 Tacoma
Beutler, Mrs. Theodore V.	1516 Ardmore
Blichert, Mrs. Peter	4501 Fairfield
Blosser, Mrs. H. V.	1122 W. Washington
Bolman, Mrs. R. M.	4135 S. Harrison
Borders, Mrs. Theodore	1802 Nevada
Bowers, Mrs. G. T.	2609 East Dr.
Bowers, Mrs. J. W.	817 E. Washington Blvd.
Bridges, Mrs. W. L.	Coldwater Rd.
Brosius, Mrs. Robert H. W.	3302 Garland



Brown, Mrs. Frederic.....4129 S. Harrison  
Bruggeman, Mrs. H. O.....1202 W. Washington  
Bryan, Mrs. Franklin A.....1439 Edgewater  
Buckner, Mrs. Doster.....Bass Rd.  
Buckner, Mrs. George D.....4327 Hampshire Drive

## C

Calvin, Dr. Jessie C.....312 W. Wayne  
Carlo, Mrs. Ernest.....4633 Crestwood  
Cartwright, Mrs. E. L.....3718 Hiawatha  
Clark, Mrs. Wm.....4002 S. Harrison  
Cochran, Mrs. H. A., Jr.....420 W. Sherwood  
Cooney, Mrs. Charles.....1168 Westover Rd.

## D

Datzman, Mrs. Richard C.....5402 Bluffton Rd.  
Dunstone, Mrs. H. C.....2433 Paulding Road

## E

Eberly, Mrs. Karl C.....1240 W. Rudisill  
Emenhiser, Mrs. John L.....1411 Reed Road

## F

Ferguson, Mrs. Arthur N.....328 W. Sherwood  
Foy, Mrs. H. W.....1816 Forest Park  
Frankhouser, Mrs. Chas. M.....913 W. Packard

## G

Garton, Mrs. Harry W.....Hamilton Rd., R. R. 6  
Gerding, Mrs. Wm. J.....1721 Forest Park Blvd.  
Glock, Mrs. Maurice E.....1502 Hawthorne Road  
Glock, Mrs. Wayne.....R. R. 2, Tonkel Road  
Goebel, Mrs. Carl W.....4102 So. Harrison  
Graham, Mrs. George M.....1126 W. Rudisill  
Greenlee, Mrs. Robert L.....4024 Mound Pass  
Griest, Mrs. Walter D.....4809 Arlington  
Griffith, Mrs. H. R.....3111 River Forest Dr.

## H

Hackett, Mrs. Walter G.....4311 S. E. Anthony Wayne  
Haffner, Mrs. Herman G.....3606 Mulberry Rd.  
Haley, Mrs. Alvin J.....701 W. Wildwood  
Haller, Mrs. Robert.....828 Kinnaird  
Hamilton, Mrs. Emory D.....2405 Florida Dr.  
Harvey, Mrs. Harry.....2228 Crescent  
Hasewinkle, Mrs. A. M.....3544 Kirkland  
Hastings, Mrs. Warren C.....1822 Kensington  
Hattendorf, Mrs. A. P.....4041 Old Mill Rd.  
Havens, Mrs. Russell E.....1845 Kensington  
Hickman, Mrs. D. M.....1408 N. Anthony  
Higgins, Mrs. Kenneth.....3460 Sandpoint Rd.  
Hipkind, Mrs. Richard E.....3929 Wenonah Lane  
Hoffman, Mrs. Arthur F.....R. R. 15 Harris Rd.  
Holsinger, Mrs. Robert E.....4617 Indiana  
Howe, Mrs. Fordyce L.....1031 Kensington  
Humphreys, Mrs. John F.....3701 S. Washington

## J

Jackson, Mrs. John F.....4922 Indiana  
Jurgensen, Mrs. Walter.....5009 Indiana

## K

Karol, Mrs. Herbert J.....1725 Ardmore  
Kaufman, Mrs. Julian.....1724 Crescent  
Keck, Mrs. Carleton A.....3929 Indiana Ave.  
Kent, Mrs. Richard N.....2717 East Dr.  
Keyes, Mrs. Robert C.....226 Illsley Drive  
Kidder, Mrs. O. T.....Lima Rd.  
Kimbrough, Mrs. Robert.....4601 Beaver  
Kleifgen, Mrs. W. A.....4602 Tacoma  
Knight, Mrs. L. W.....1220 Kensington  
Krueger, Mrs. J. E.....2424 N. Anthony  
Kruse, Mrs. Edward.....4001 Old Mill Rd.  
Kruse, Mrs. Walter E.....1242 Maxine Dr.

## L

Ladig, Mrs. Donald S.....2720 Fairfield  
Lampe, Mrs. Elfred H.....1119½ W. Wildwood  
Land, Mrs. Francis L.....4815 Tacoma  
Leming, Mrs. Ben L.....3005 N. Anthony  
Lenk, Mrs. George G.....80 E. State St. Ext.

Lill, Mrs. L. C.....4221 Buell  
Lloyd, Mrs. Robert P.....3609 S. Anthony  
Lohman, Mrs. Robert M.....2138 Owaisa  
Lorman, Mrs. James G.....3401 Kirkwood  
Loudermilk, Mrs. J. L.....1723 Pemberton  
Lyon, Mrs. Wm. C.....2530 Birchwood Court

## M

McArdle, Mrs. Edward G.....1133 Rudisill Blvd.  
McBride, Mrs. W. O.....610 Beechwood Circle  
McCallister, Mrs. John W.....4215 Drury Lane  
McCoy, Mrs. Roy R.....4101 S. Harrison  
McDowell, Mrs. G. A.....2322 Forest Park Blvd.  
McEachern, Mrs. Cecil.....4705 Indiana  
McFall, Mrs. J. S.....3375 Garland  
McKeeman, Mrs. D. H.....1615 Ardmore  
Mackel, Mrs. F. O.....610 Nuttman  
Manning, Mrs. George.....4115 Indiana  
Marshall, Mrs. Caesar L.....1215 McCulloch  
Mayes, Mrs. Warren B.....2222 Hoagland  
Mensch, Mrs. James R.....2230 Alabama  
Mercer, Mrs. S. R.....3235 W. Washington  
Meyer, Mrs. T. O.....3728 Kirkwood  
Michaelis, Mrs. S. C.....1255 Korte Lane  
Miller, Mrs. Carl.....457 Oakdale Dr.  
Miller, Mrs. Edward D.....2615 East Drive  
Miller, Mrs. H. Paul.....6408 S. Calhoun  
Miller, Mrs. Mahlon.....1115 Illsley  
Miller, Mrs. Orval J.....1810 Kensington  
Miller, Mrs. Richard.....1322 W. Foster  
Miller, Mrs. Wm. J.....3932 S. Calhoun  
Moats, Mrs. Carl.....3210 N. Washington  
Moats, Mrs. George.....2107 Kensington  
Moeller, Mrs. Victor.....1441 Park  
Moravec, Mrs. Arthur.....4711 Old Mill Rd.  
Mortenson, Mrs. Leland J.....1310 N. Foster Pkwy.  
Mueller, Mrs. Lawrence.....3423 S. Washington Rd.  
Murdock, Mrs. Harvey L.....1212 Kensington

## N-O

Nahrwold, Mrs. E. W.....3314 Irvington  
Nill, Mrs. John.....440 W. Fleming  
Nolan, Mrs. Gerald.....1102 Kensington  
O'Brian, Mrs. John F.....1215 N. Anthony  
O'Rourke, Mrs. Carroll.....Covington Road  
Oyer, Mrs. J. H.....2206 Wawonaissa

## P

Painter, Mrs. Donald.....427 E. Washington Center Rd.  
Parker, Mrs. C. B.....2215 Paulding Rd.  
Parrot, Mrs. Donald J.....2012 Circle Drive  
Perrin, Mrs. Kermit.....2828 Lake  
Pickett, Mrs. Merle E.....4509 Atwood  
Ponzcek, Mrs. Edward J.....3930 Indiana  
Popp, Mrs. Milton F.....3148 Parnell  
Powell, Mrs. M. Jack.....4314 S. Calhoun

## R

Ranke, Mrs. Henry.....2301 Fairfield  
Rhamy, Mrs. B. W.....4312 Beaver  
Rissing, Mrs. Walter.....3200 Irvington  
Rodriquez, Mrs. Juan.....4720 Crestwood  
Roser, Mrs. Arthur.....3559 Leesburg Rd.  
Rossiter, Mrs. D. L.....724 Oakdale Dr.  
Rothberg, Mrs. Maurice.....4319 Hartman Rd.  
Rothschild, Mrs. Charles J.....3015 N. Anthony  
Rousseau, Mrs. John W.....3913 Mound St.

## S

Sahlman, Mrs. Hans.....2402 Woodward  
Salon, Mrs. Harry.....4017 Hiawatha Blvd.  
Salon, Mrs. Joel.....4935 Old Mill Road  
Salon, Mrs. N. L.....7939 Scottwood Court  
Savage, Mrs. A. R.....South Ridge Road  
Saylor, Mrs. Rodger D.....904 Washington Center  
Schellhouse, Mrs. Earl M.....3610 Mulberry Rd.  
Schlademan, Mrs. K. R.....4029 Weisser Park  
Schmidt, Mrs. Eugene E.....1119 Maxine  
Schmoll, Mrs. Robert J.....4811 Tacoma  
Schneider, Mrs. Louis A.....1351 W. Sherwood



Schoen, Mrs. Fred ..... 450 Arcadia Ct.  
 Scoins, Mrs. W. H. .... 4301 Taylor  
 Scott, Mrs. H. Vaughn ..... 5224 Fairfield Ave.  
 Senseny, Mrs. Eugene F. .... 3112 Beaver  
 Shaw, Mrs. James E. .... 3932 Rosewood Drive  
 Sherwood, Mrs. Clarence

Lima Rd., Irene Byron San.

Sherwood, Mrs. J. V. .... Lima Rd., Irene Byron San.  
 Shinabery, Mrs. Lawrence ..... 1850 Broadway  
 Singer, Mrs. Elmer ..... 825 Oakdale Dr.  
 Smith, Mrs. Phillip L. .... 2701 Fairfield  
 Smith, Mrs. Richard B. .... 709 E. Oakdale  
 Smith, Mrs. Roger ..... 1601 Pemberton  
 Snyderman, Mrs. S. C. .... 3222 N. Washington Rd.  
 Somers, Mrs. G. H. .... 1253 W. Rudisill  
 Spencer, Mrs. C. Herbert ..... 2106 Paulding Road  
 Stauffer, Mrs. Richard ..... 4120 S. Harrison  
 Stellner, Mrs. Howard A. .... 3323 Butler Court  
 Stier, Mrs. Paul ..... 3807 Fairfield  
 Sullivan, Mrs. Robert E. .... 137 W. Branning

### T

Taylor, Mrs. Robert G. .... 3104 Alexander Ave.  
 Tennant, Mrs. D. L. .... 3513 Kirkland  
 Terrill, Mrs. Richard ..... 4727 Old Mill Rd.  
 Thompson, Mrs. Holland ..... Lima Road  
 Thornton, Mrs. W. E. .... 601 Oakdale Dr.

### V

Van Buskirk, Mrs. E. W. .... 920 Maxine Dr.  
 Vogel, Mrs. Lloyd A. .... 7137 Roseann Parkway

### W

Ward, Mrs. Paula B. .... 2014 Curdes  
 Warfield, Mrs. C. H. .... 1809 Kensington  
 Weber, Mrs. John R. .... 1215 Sheridan Ct.  
 Welty, Mrs. S. G. .... 8416 Stellhorn Road  
 Wilkins, Mrs. Robert ..... 4839 Old Mill Rd.  
 Williams, Dr. Bernice ..... 3526 N. Washington Rd.  
 Wilson, Mrs. Leslie ..... 2810 S. Wayne  
 Wilson, Mrs. Roland ..... 1431 Hugh  
 Wright, Mrs. William ..... 1834 Pemberton Dr.

### Z

Zehr, Mrs. Noah ..... 301 W. Creighton  
 Zweig, Mrs. Elmer ..... 2015 Pemberton

### New Haven

Dahling, Mrs. C. W. .... Doyle Rd.  
 Emenhiser, Mrs. Don C. .... 1040 Lincoln Highway  
 Hoetzer, Mrs. E. M. .... R. R. 2  
 Smith, Mrs. G. A. .... Lincoln Highway  
 Stumpf, Mrs. E. E. .... 1118 Elm

Emme, Mrs. Richard W. .... R. R. 1, Grabill  
 Harless, Mrs. O. Fred ..... Monroeville

## BARTHOLOMEW-BROWN COUNTIES

Dagley, Mrs. Hubert R.  
 State Hospital, Butlerville, Indiana

### Columbus

Adler, Mrs. David L. .... 931 Fifth St.  
 Beggs, Mrs. Lowell F. .... 2733 Riverside Dr.  
 Davis, Mrs. Marvin R. .... 2300 N. Washington St.  
 Echsner, Mrs. Herman ..... 1512 28th St.  
 Fisher, Mrs. Walter S. .... 906 Franklin  
 Hart, Mrs. Robert B. .... 1203 16th  
 Hawes, Mrs. Marvin E. .... 2975 Franklin Dr.  
 Henry, Mrs. Alvin L. .... 1920 Lafayette Avenue  
 Huckle, Mrs. Samuel T. .... 1301 Grand Avenue  
 Kincaid, Mrs. J. C. .... 2121 Central Ave.  
 Krueger, Mrs. Robert ..... 2102 Lafayette Avenue  
 Macy, Mrs. George W. .... 2623 Riverside Dr.  
 Marr, Mrs. Griffith ..... 1513 17th  
 McCullough, Mrs. Henry

Old Indianapolis Rd., R. R. 4

Mohler, Mrs. Floyd ..... 2615 Franklin  
 Norton, Mrs. Harold J. .... 909 Pearl St.

O'Bryan, Mrs. Richard ..... 1602 Washington  
 Overshimer, Mrs. Lyman ..... 1715 Franklin  
 Reid, Mrs. Robert ..... 2712 Lafayette Avenue  
 Ritteman, Mrs. George W. .... 3320 Grove Parkway  
 Rothring, Mrs. Howard E. .... 2120 Washington St.  
 Ryan, Mrs. Wm. J. .... 2244 Pearl  
 Schmitt, Mrs. R. K. .... 2639 Riverside Dr.  
 Sigmund, Mrs. Wm. B. .... Davis Road  
 Smith, Mrs. Donald C. .... 1629 Franklin St.  
 Walters, Mrs. Richard E. .... 2023 Lafayette Avenue  
 Williams, Mrs. E. W. .... 1902 Franklin St.  
 Wissman, Mrs. Wm. L. .... 2335 Riverside Dr.  
 Yoder, Mrs. Dewey D. .... 713 Lafayette Ave.  
 Zaring, Mrs. Byron K. .... 2419 Riverside

Dudding, Mrs. Joseph E. .... Hope  
 Schneider, Mrs. Kenneth ..... Nashville  
 Seibel, Mrs. Robert ..... Nashville

## BENTON COUNTY

Leak, Mrs. Robert ..... Boswell  
 Coddens, Mrs. A. L. .... Earl Park  
 Miller, Mrs. Dan T. .... Fowler  
 Turley, Mrs. Verne L. .... Fowler  
 Scheurich, Mrs. Virgil ..... Oxford  
 Rutherford, Mrs. C. .... Otterbein

## BOONE COUNTY

Schaaf, Mrs. Alvin ..... Jamestown

### Lebanon

Ball, Mrs. Robert ..... 424 N. Meridian St.  
 Coons, Mrs. John ..... Country Club Park  
 Coons, Mrs. Ritchie ..... 224 Barrone St.  
 Grigsby, Mrs. Bland ..... 303 W. Washington St.  
 Headley, Mrs. Lloyd M. .... Country Club Park  
 Honan, Mrs. Paul ..... Country Club Park  
 Kern, Mrs. Clarence ..... 1019 N. Meridian  
 Lenox, Mrs. Jack ..... Country Club Park  
 Weddle, Mrs. Charles ..... 1210 N. East  
 Wiseheart, Mrs. Robert ..... Country Club Park

Gregg, Mrs. Edwin ..... Thorntown  
 Lovett, Mrs. Harvey ..... Whitestown  
 Bailey, Mrs. Lawrence S. .... Zionsville  
 Harvey, Mrs. Ralph ..... Zionsville

## CARROLL COUNTY

Van Kirk, Mrs. John ..... Burlington  
 Maggart, Mrs. Ralph ..... Camden

### Delphi

Crampton, Mrs. Chas. .... 218 East Monroe  
 Petry, Mrs. Thomas N. .... Delphi  
 Seese, Mrs. Robert M. .... 201 W. North St.  
 Wagoner, Mrs. Geo. W. .... 305 W. Summit St.

Adams, Mrs. Max ..... Box 67, Flora  
 McLaughlin, Mrs. James ..... 511 East Main St., Flora

## CASS COUNTY

Dutchess, Mrs. Charles T. .... Galveston

### Logansport

Adamski, Mrs. M. S. .... 614 17th  
 Bailey, Mrs. Earl W. .... 2522 North  
 Ballard, Mrs. Charles A. .... R. R. 4  
 Bradfield, Mrs. John ..... High Street Rd.  
 Burnett, Mrs. Paul C. .... Logansport State Hosp.  
 Cobb, Mrs. Clarence M. .... R. R. #1  
 Davis, Mrs. John ..... 2119 North  
 Eckert, Mrs. Russell A. .... R. R. 1  
 Fitzgerald, Mrs. Brice ..... 1930 High  
 Frierson, Mrs. B. Douglas ..... Logansport State Hosp.  
 Glendening, Mrs. Richard L. .... R. R. 4  
 Hall, Mrs. Bernard R. .... 3100 E. Broadway  
 Hedde, Mrs. E. L. .... R. R. 5  
 Hillis, Mrs. L. J. .... 2508 E. Broadway  
 Hogle, Mrs. Frank D. .... Logansport State Hosp.



Holmes, Mrs. Will W.....High Street Rd.  
 Jewell, Mrs. E. B.....2537 East Broadway  
 King, Mrs. Jay M.....R. R. 4  
 Maschmeyer, Mrs. R. H.....R. R. 2, Longcliff  
 Mikan, Mrs. V. Robert.....West Roselawn Drive  
 Morrical, Mrs. R. J.....415 Highland  
 Schenck, Mrs. Foss.....97 21st St.  
 Southworth, Mrs. J. W.....R. R. 2, Longcliff  
 Viney, Mrs. Charles.....26th and High St.  
 Wilson, Mrs. Paul.....R. R. 5  
 Winter, Mrs. Donald K.....2541 E. Broadway

Flanagan, Mrs. E. P.....Walton  
 Lybrook, Mrs. D. E.....Young America

## CLARK COUNTY

### Charlestown

Goodman, Mrs. Eli.....802 Market  
 Hover, Mrs. Galen.....Sharon Heights

### Clarksville

Mudd, Mrs. Joseph.....619 Eastern Blvd.  
 Wilner, Mrs. Alan.....Sunset Avenue

Carr, Mrs. Joseph.....Henryville

### Jeffersonville

Bizer, Mrs. Mier.....30 Wildwood Rd.  
 Buckley, Mrs. Ernest.....14 Blanchel Terrace  
 Buehler, Mrs. George.....192 Forest Dr.  
 Carlberg, Mrs. Dale L.....2 Blanchel Terrace  
 Carney, Mrs. J. T.....2602 Hollywood Dr.  
 Clark, Mrs. Wm. B., Jr.....Blackston Mill Road  
 Dare, Mrs. Lee.....215 Sparks  
 Graham, Mrs. O. P.....7136 E. Maple  
 Havens, Mrs. Alfred Lyle.....203 Sparks  
 Isler, Mrs. Nathaniel.....901 Morningside Dr.  
 Roby, Mrs. A. L.....2709 Hollywood Dr.  
 Weems, Mrs. Mallory P.....Hopkins Lane  
 Wolverton, Mrs. George.....3025 McTavish Dr.

Regan, Mrs. George L.....Sellersburg  
 Sturgis, Mrs. Donald G.....Sellersburg  
 Vandevent, Mrs. Arthur.....Sellersburg

## DEARBORN-OHIO COUNTIES

### Aurora

Baker, Mrs. Leslie M.....204 Fifth  
 Olcott, Mrs. Charles W.....422 Sunnyside  
 Treon, Mrs. James F.....505 Fifth St.

McNeeley, Mrs. Matthew J.....Dillsboro  
 Elliott, Mrs. John C.....Guilford

### Lawrenceburg

Fagely, Mrs. William J.....57 Oakley  
 Houston, Mrs. Fred D.....Miller Ave.  
 Pfeifer, Mrs. James M.....550 Ludlow  
 Streck, Mrs. Francis A.....547 Ridge Ave.  
 Vail, Mrs. George A.....634 Ludlow

## DECATUR COUNTY

Tremain, Mrs. M. A.....Adams

### Greensburg

Acher, Mrs. Robert P.....446 E. Washington  
 Callaghan, Mrs. W. C.....R. R. 1, Lincoln Park  
 Dickson, Mrs. Dale D.....825 N. Broadway  
 Miller, Mrs. James C.....178 N. Michigan  
 Morrison, Mrs. J. Trevor.....161 N. Michigan  
 Overpeck, Mrs. Charles.....R. R. 8  
 Shaffer, Mrs. William R.....214 N. Franklin  
 Walker, Mrs. Louis A.....332 E. North St.

Porter, Mrs. Edward.....Westport  
 Porter, Mrs. Robert.....Westport

## DELAWARE-BLACKFORD COUNTIES

Brown, Mrs. Stewart.....Albany  
 Puterbaugh, Mrs. Karl.....Albany  
 Hurley, Mrs. John.....Daleville  
 Gillespy, Mrs. Thurman.....Eaton  
 Downard, Mrs. Leland F.....Gaston  
 Montgomery, Mrs. Lall G.....

Box 149A, RFD 1, Gaston

Douglas, Mrs. William.....Montpelier

### Muncie

#### A

Adams, Mrs. William B.....W. Jackson St. Pike  
 Alvey, Mrs. Charles R.....3001 Torquay  
 Anthony, Mrs. Harvey M.....822 W. Charles

#### B

Ball, Mrs. Clay A.....1015 Linden  
 Ball, Mrs. Philip.....3201 Oaklyn Ave.  
 Beno, Mrs. Thomas.....2106 Euclid Ave. N.  
 Bergwall, Mrs. Warren.....1706 N. Reserve St.  
 Bibler, Mrs. Henry.....Parkway Dr.  
 Botkin, Mrs. Clyde G.....2904 Riverside Ave.  
 Botkin, Mrs. Tom.....2500 Bethel Ave.  
 Brown, Mrs. Leland.....605 Waid Ave.  
 Burwell, Mrs. Stanley W.....3124 Gilbert  
 Butterfield, Mrs. Robert.....222 Winthrop Rd.

#### C

Clark, Mrs. Robert.....911 University  
 Clauser, Mrs. Eldo.....1 Briar Rd.  
 Clevenger, Mrs. Joseph H.....3124 University Ave.  
 Cochran, Mrs. Robert.....7 Warwick Road  
 Covalt, Mrs. Wendell.....120 Berwyn  
 Cullison, Mrs. John L.....1003 W. Parkway Dr.  
 Cure, Mrs. Elmer T.....913 University Ave.

#### D

Deutsch, Mrs. Wm.....2100 Petty Rd.  
 Dunn, Mrs. Farrell W.....1417 Wheeling Ave.

#### E-F

Eissman, Mrs. Eugene.....211 Alden Rd.

#### G

Garling, Mrs. L. C.....37 Briar Rd.  
 Geckler, Mrs. Charles E.....1007 W. North St.  
 Gill, Mrs. Tom.....45 Warwick Rd.  
 Greiber, Mrs. Marvin.....310 Riley Rd.  
 Gustafson, Mrs. Milton.....230 Stradling Rd.

#### H-I

Hall, Mrs. O. A.....3121 W. Gilbert  
 Hayes, Mrs. T. R.....19 Warwick Road  
 High, Mrs. Ralph.....2825 University Ave.  
 Hill, Mrs. Howard.....106 Berwyn Rd.  
 Hostetter, Mrs. I. S.....300 Winthrop  
 Hurley, Mrs. Anson.....Parkway Drive  
 Imhof, Mrs. J. D.....307 Granville Ave.

#### K

Kammer, Mrs. Walter F.....1005 W. Parkway Dr.  
 Kirshman, Mrs. F. E.....41 Briar Rd.  
 Ko, Mrs. Richard.....State Road 28

#### M-N

Mathewson, Mrs. R. C.....420 W. Washington  
 McClintock, Mrs. James A.....3121 University Ave.  
 McCoy, Mrs. George.....516 Waid Ave.  
 McDowell, Mrs. Fletcher.....698 Weber Dr.  
 Moore, Mrs. Tom.....Parkway Drive  
 Morris, Mrs. J. W.....222 Stradling Rd.  
 Moss, Mrs. M. J.....1010 W. Parkway Dr.  
 Nelson, Mrs. Harold.....424 W. Jackson

#### O

Owens, Mrs. Richard R.....3011 Oaklyn Ave.  
 Owens, Mrs. Thomas.....608 E. Charles



## P-Q

Peacock, Mrs. Robert.....State Road 67  
Pippinger, Mrs. W. G.....1200 N. Tillotson  
Quick, Mrs. Wm.....2009 University Ave.

## R

Rathkey, Mrs. Arthur S.....2919 Beechwood Ave.  
Rettig, Mrs. Arthur.....614 N. McKinley Ave.  
Rivers, Mrs. Glynn.....307 Alden Rd.

## S

Saperstein, Mrs. Morris.....1008 W. North St.  
Schulhof, Mrs. M. G.....921 W. Parkway  
Smith, Mrs. J. S.....1006 E. First St.  
Stanley, Mrs. John R.....1515 N. Tillotson Ave.  
Starks, Mrs. William.....2820 W. Main St.  
Steel, Mrs. F. M.....3013 Devon  
Stibbins, Mrs. Warren.....2908 Torquay Rd.  
Stocking, Mrs. Bruce.....3014 Amherst  
Stout, Mrs. Francis.....1003 University

## T

Taylor, Mrs. Donald.....307 N. Manning St.  
Taylor, Mrs. James A.....413 Varsity Dr.  
Tomlin, Mrs. Hugh M.....2920 Beechwood Ave.

## V

Venis, Mrs. Kemper.....502 Wade

## Y

Young, Mrs. G. S.....114 Berwyn Rd.

Hinchman, Mrs. Jean.....Parker, Ind.  
Hill, Mrs. Robert.....Yorktown, Indiana  
Moore, Mrs. Will C...White Oak Farm, Yorktown  
Rutledge, Mrs. Jean...R. R. #1, Yorktown, Indiana

## DUBOIS COUNTY

Barrow, Mrs. John.....Dale  
Backer, Mrs. Henry George..Ohio St., Ferdinand  
Huntingburg

Bretz, Mrs. John.....Orchard Road  
Heaton, Mrs. Elton.....415 Geiger St.  
McKinney, Mrs. Mildred  
Scales, Mrs. Alfred B.....R. R. 2  
Steinkamp, Mrs. Emil.....302 Walnut  
Stork, Mrs. Harvey K.....523 First  
Williams, Mrs. Fielding.....511 Geiger

## Jasper

Beaven, Mrs. John.....308 E. 6th Street  
Casper, Mrs. Joseph.....606 W. 9th St.  
Gootee, Mrs. Thomas.....Dorbett Street  
Heck, Mrs. Martin C.....388 W. 15th  
Held, Mrs. George A.....716 W. Ninth  
Klamer, Mrs. Charles H.....616 W. 13th St.  
Ploetner, Mrs. Edward.....Dorbett Street  
Salb, Mrs. J. P.....R. R. #5  
Wagner, Mrs. Arthur.....R. R. 5, Box 188

Gootee, Mrs. Francis.....Loogootee

## ELKHART COUNTY

## Bristol

Neidballa, Mrs. E. G.....R. R. 1  
Schlosser, Mrs. H. C.....Seven Gables

## Elkhart

Bender, Mrs. R. L.....125 N. Riverside  
Benson, Mrs. James E.....1501 Fulton St.  
Billings, Mrs. Elmer.....165 Gage Ave.  
Bloom, Mrs. George R.....1100 E. Jackson  
Bolin, Mrs. Robert S.....1853 East Beardsley  
Bowdoin, Mrs. George E....3809 Greenleaf Blvd.  
Campbell, Mrs. Patrick B.....1618 Cone St.  
Compton, Mrs. Walter A....2225 Greenleaf Blvd.  
Conklin, Mrs. R. L.....1906 E. Jackson  
Cormican, Mrs. Herbert L.....2002 E. Jackson  
Crandall, Mrs. L. A., Jr.....3600 W. Indiana  
De Dario, Mrs. S. M.....1418 Greenleaf

Dovey, Mrs. E. G.....1430 Ervin  
Elliot, Mrs. L. A.....405 S. Second  
Elliot, Mrs. Thomas A.....2001 Stevens  
Fleming, Mrs. Claude F.....229 W. Jackson  
Futterknecht, Mrs. James C...2012 Morton Ave.  
Gattman, Mrs. G. Beach.....414 N. Michigan  
Hemingway, Mrs. Norman....1700 Rainbow Bend  
Horswell, Mrs. R. G.....1629 E. Jackson Blvd.  
Hull, Mrs. A. W.....905 Strong  
Hunn, Mrs. M. F.....202 W. Beardsley  
Ivy, Mrs. John H.....1505 Fulton  
Keating, Mrs. John U.....2717 E. Jackson  
Kintner, Mrs. Burton E.....3520 E. Jackson  
Kistner, Mrs. Arthur W.....800 Middlebury  
Koehler, Mrs. Elmer G.....416 W. Lexington  
Leasure, Mrs. Kenneth E.....1415 E. Jackson  
Logan, Mrs. Richard.....303 N. Michigan  
Lundt, Mrs. Milo O.....519 S. Second  
Markel, Mrs. I. J.....215 W. Franklin  
Martin, Mrs. Paul H.....1519 Strong  
McArt, Mrs. Bruce A.....654 Fulton Rd.  
Mendez, Mrs. Carlos.....325 Superior Blvd.  
Miller, Mrs. Galen R.....903 W. Franklin  
Miller, Mrs. Hugh A., Jr.....417 Prospect  
Miller, Mrs. Sam T.....1230 Prairie St.  
Mininger, Mrs. Edward P.....409 Prospect  
Mishkin, Mrs. Irving....1809 Rainbow Bend Blvd.  
Norris, Mrs. Allen B.....401 W. Marion St.  
Paff, Mrs. Wm. A.....2601 E. Jackson  
Paine, Mrs. George D.....329 Meisner  
Pancost, Mrs. Vernon.....160 Riverview Ave.  
Parshall, Mrs. Dale B.....133 W. Lusher Ave.  
Rouen, Mrs. Robert L.....1919 E. Jackson  
Rupe, Mrs. L. O.....116 W. Dinehart  
Sears, Mrs. M. Maywood.....R. R. 3  
Soaje-Echague, Mrs. Eliseo...410½ W. Franklin  
Sobol, Mrs. Z. W.....1218 Garden  
Spray, Mrs. Page.....658 Kilbourne  
Stauffer, Mrs. W. A.....701 Strong  
Stout, Mrs. R. B.....1501 Greenleaf  
Stubbins, Mrs. William.....15 St. Joseph Manor  
Swihart, Mrs. Homer R.....1621 E. Jackson  
Swihart, Mrs. Leonard F.....3200 Calumet  
Wilson, Mrs. O. E.....2505 Greenleaf Blvd.  
Work, Mrs. James A., Jr.....4 St. Joseph Manor  
Yoder, Mrs. C. Richard.....1013 Laurel

## Goshen

Bender, Mrs. C. K.....624 S. Fifth  
Bosler, Mrs. Howard A.....211 Egbert Road  
Chandler, Mrs. L. H.....412 S. Fifth  
Freeman, Mrs. F. M.....309 E. Washington  
Graber, Mrs. Virgil R.....R. R. #2  
Hostetler, Mrs. C. M.....1602 S. Eighth  
Martin, Mrs. Floyd S.....2301 S. Main St.  
Nelson, Mrs. D. Chester.....1210 S. Eighth  
Quilty, Mrs. Thomas J.....801 S. 7th St.  
Simmons, Mrs. Lloyd H.....606 S. Third  
Troyer, Mrs. Dana.....2009 Bashor Chapel Road  
Turner, Mrs. John.....507 Greene Road  
Vander Bogart, Mrs. Harry E....1411 S. Eighth  
Wagner, Mrs. D. G.....307 S. Seventh  
Yoder, Mrs. Albert C.....816 S. Sixth  
Yoder, Mrs. Jonathan.....1204 S. Eighth

## Nappanee

Fleetwood, Mrs. R. A.....555 N. Nappanee  
Kendall, Mrs. F. M.....654 Woodland  
Price, Mrs. Douglas W.....607 E. Van Buren  
Slabaugh, Mrs. J. S.....258 N. Main

Miller, Mrs. Donald.....Middlebury  
Massanari, Mrs. Walter.....Millersburg  
Fosbrink, Mrs. E. L.....Syracuse

## Wakarusa

Abel, Mrs. Robert.....105 E. Harrison  
Amick, Mrs. Charles L.....118 E. Waterford  
Hannah, Mrs. Jack W.....207 Wabash



**FAYETTE-FRANKLIN COUNTIES****Brookville**

Foreman, Mrs. Walter A.....617 Main  
 Smith, Mrs. H. N.....812 Main  
 Seal, Mrs. Perry F.....901 Main

**Connersville**

Ashworth, Mrs. Juanita.....2027 Indiana Ave.  
 Booher, Mrs. Martha.....1609 Virginia Ave.  
 Brookman, Mrs. Robert E.....2750 Grand Ave.  
 Cavitt, Mrs. Robert F.....817 Lincoln Avenue  
 Ellis, Mrs. George M.....516 W. 29th St.  
 Fettig, Mrs. Lucille.....1609 Virginia Ave.  
 Fruth, Mrs. Rodney B.....629 Eastern Ave.  
 Fruth, Mrs. Virgil J.....1603 Virginia Ave.  
 Gregg, Mrs. Albert F.....835 Lincoln Ave.  
 Hudson, Mrs. Arlington.....2211 Vermont Ave.  
 Kemp, Mrs. W. Alfred.....403 W. 28th St.  
 Kerrigan, Mrs. William F.....RFD 3  
 Leffel, Mrs. Glen.....1810 Indiana Ave.  
 Lockhart, Mrs. Jack M.....54 West Drive  
 Metcalf, Mrs. Alma.....1805 Virginia Ave.  
 Moore, Mrs. Hollis.....126½ W. 11th St.  
 Morrow, Mrs. Roy D.....629½ Eastern Ave.  
 Mountain, Mrs. Francis B.....1720 Virginia Ave.  
 Sanders, Mrs. Bertram.....122 W. 11th St.  
 Smelser, Mrs. Herman W.....2530 Grand Ave.  
 Steinem, Mrs. Joseph L.....2300 Grand Ave.  
 Watterson, Mrs. Gerald T.....1704 Virginia Ave.

Poston, Mrs. C. L.....R. R. 2, Laurel

**FLOYD COUNTY**

Engleman, Mrs. H. K.....Georgetown

**Jeffersonville**

Baxter, Mrs. S. M.....Centralia Ct.  
 Gentile, Mrs. John P.....3405 Centralia Ct.  
 McCullough, Mrs. J. Y.....3500 Centralia Ct.  
 Sloan, Mrs. Herbert.....Lincoln Heights

**New Albany**

Allen, Mrs. Fred K.....1804 DePauw Avenue  
 Baker, Mrs. A. M.....2523 Glenwood  
 Baxter, Mrs. J. W., Jr.....426 Woodrow Ave.  
 Best, Mrs. Maurice.....1233 Vance Ave.  
 Bird, Mrs. J. E.....1308 E. Spring  
 Briscoe, Mrs. C. E.....1413 E. Spring  
 Brown, Mrs. K. H.....1654 Hedden Park  
 Byrn, Mrs. Howard.....330 Beharrel Ave.  
 Cannon, Mrs. Daniel.....1203 E. Spring St.  
 Davis, Mrs. Parvin.....Paoli Pike  
 Edwards, Mrs. W. F.....615 Beharrel Ave.  
 Garner, Mrs. Wm. H.....922 E. Spring  
 Garner, Mrs. William H., Jr.....Silver Hills  
 Geyer, Mrs. Joseph Silver Crest, Old Vincennes Rd.  
 Harris, Mrs. Robert W.....1923 Ekin Avenue  
 Hauss, Mrs. A. P.....Silver Hills  
 Hess, Mrs. P. Patrick.....Silver Hills  
 Higgins, Mrs. John.....Old Vincennes Rd.  
 LaFollette, Mrs. Donald R.....Crestview  
 LaFollette, Mrs. Robert E.....2510 Glenwood Ct.  
 Leuthart, Mrs. C. P.....1410 E. Spring  
 Paris, Mrs. John M.....2003 Lindberg Ct.  
 Pierson, Mrs. Percy.....1430 Silver St.  
 Robertson, Mrs. A. N.....323 E. Ninth  
 Rogers, Mrs. S. T.....1017 E. Spring  
 Ruoff, Mrs. William.....Silver Hills  
 Sonne, Mrs. Irvin.....1607 Hedden Court  
 Streepey, Mrs. Jefferson.....1919 DePauw Ave.  
 Tyler, Mrs. F. T.....Hausfeldt Lane  
 Voyles, Mrs. Harry.....425 Beharrel Ave.  
 Wallace, Mrs. Elmer.....1816 DePauw Ave.  
 Weaver, Mrs. W. W.....1752 Lynnwood Dr.  
 Winstandley, Mrs. Wm.....815 Vincennes  
 Wohlfeld, Mrs. Gerald

**Silvercrest, Old Vincennes Rd.**

Wolfe, Mrs. Nelson A.....Graybrook Lane  
 Worley, Mrs. Henry.....1921 DePauw Ave.

**FULTON COUNTY**

Miller, Mrs. Virgil C.....Akron  
 Stinson, Mrs. Arthur E.....Athens  
 Glackman, Mrs. John C.....Culver  
 Kraning, Mrs. Kenneth K.....Culver

**Rochester**

Dielman, Mrs. Franklin C.....920 Jefferson  
 Herendeen, Mrs. Elbie V.....317 W. Seventh  
 Johnson, Mrs. F. P.....1100 Washington St.  
 King, Mrs. Milo O.....110½ E. Eighth  
 Richardson, Mrs. Chas. L.....506 Pontiac  
 Rowe, Mrs. Howard H.....417 W. Ninth  
 Stinson, Mrs. Dean K.....1318 Main

Bowers, Mrs. Harry

2552 W. Leland Ave., Chicago 25, Ill.

**GIBSON COUNTY**

Geick, Mrs. R. G.....207 N. Main, Ft. Branch  
 Marchand, Mrs. Edwin V.....Haubstadt

**Oakland City**

Chappell, Mrs. Harold R.....726 S. Franklin  
 Clark, Mrs. Carl M.....123 W. Vine St.  
 Dye, Mrs. William.....518 S. Jackson St.  
 Wood, Mrs. Russell W.....219 N. Gibson St.

**Princeton**

Carpentier, Mrs. H. F.....319 E. State  
 Folck, Mrs. J. K.....528 N. Main St.  
 Graves, Mrs. O. M.....116 E. Spruce  
 McCarty, Mrs. Virgil.....403 W. Spruce  
 McElroy, Mrs. R. S.....404 W. Walnut  
 Peck, Mrs. J. F.....Outer W. Monroe  
 Weitzel, Mrs. R. E.....309 W. Spruce

**GRANT COUNTY**

Malott, Mrs. Fred.....Converse  
 Grant, Mrs. Arthur.....Fairmount  
 Yale, Mrs. Charles.....Fairmount  
 Garrison, Mrs. L. J.....305 E. S. "C" St., Gas City  
 Koontz, Mrs. William A.....334 E. Main, Gas City

**Marion**

Abel, Mrs. Charles.....915 Wabash Ave.  
 Alderfer, Mrs. Henry.....131 No. Washington Street  
 Ansbacher, Mrs. Stefan.....R. R. 1  
 Ayres, Mrs. W. W.....820 Jeffras Ave.  
 Bailey, Mrs. Donald.....20 Herbel Drive  
 Bailey, Mrs. Douglas.....2107 S. Boots St.  
 Bloom, Mrs. A. Ward.....610 River Rd.  
 Brown, Mrs. Robert M.....825 Euclid Ave.  
 Comeau, Mrs. Wm. J.....Hickory Hills  
 Cunningham, Mrs. Robert.....718 W. Second St.  
 Davis, Mrs. Joseph.....121 No. Washington St.  
 Davis, Mrs. Merrill S.....723 Euclid Ave.  
 Davis, Mrs. Richard.....Shady Hills  
 Diamond, Mrs. Leo.....710 Jeffras  
 Ganz, Mrs. Max.....904 Jeffras  
 Hummel, Mrs. R. M.....Shady Hills  
 Jarrett, Mrs. John.....1113 W. 5th Street  
 Lahr, Mrs. Richard E.....1121 W. Third St.  
 Lavengood, Mrs. Russell W.....Charles Rd. R. R.  
 Lonngren, Mrs. Dudley.....804 W. 6th St.  
 Love, Mrs. V. Logan.....Hickory Hills  
 MacNamee, Mrs. D. Hugh.....903 Mason Blvd.  
 McIlwain, Mrs. Robert.....Marion, Indiana  
 Miller, Mrs. H. Allison.....1010 W. 4th Street  
 Pattison, Mrs. John D.....Hickory Hills  
 Powell, Mrs. J. P.....127 River Dr.  
 Price, Mrs. Ambrose.....2108 S. Branson  
 Renbarger, Mrs. Lester.....Wabash Pike  
 Rhamy, Mrs. Arthur.....Western & Euclid Ave.  
 Rhorer, Mrs. John G.....711 Wabash Ave.



Schroeder, Mrs. R. W.....906 Fenton Road  
 Simmons, Mrs. F. H.....520 Whites Ave.  
 Skomp, Mrs. C. E.....1123 Euclid Ave.  
 Smith, Mrs. Richard.....119 W. 7th Street  
 Snowwhite, Mrs. Arthur B.....1620 W. 38th St.  
 Warren, Mrs. C. B.....1211 Euclid Ave.  
 Woodbury, Mrs. J. W.....712 S. "G" St.  
 Young, Mrs. Robert.....1911 S. Boots

King, Mrs. P. C.....Swayzee  
 Taylor, Mrs. E. C.....Upland  
 Rifner, Mrs. E. S.....Van Buren

## GREENE COUNTY

### Bloomfield

Mount, Mrs. M. S.....340 W. Mechanic  
 Turner, Mrs. H. B.....32 N. Franklin St.  
 Turner, Mrs. J. J.....227 W. Main St.

### Jasonville

Porter, Mrs. Carl.....425 S. Meridian St.  
 Rotman, Mrs. Sam.....608 S. Washington St.

### Linton

Broshears, Mrs. Kenneth.....990 E. Vincennes St.  
 Craft, Mrs. William.....940 E. Vincennes St.  
 Raney, Mrs. Ben.....370 E. Vincennes St.  
 Woner, Mrs. John.....Linton

Moses, Mrs. Robert.....R. R. #1, Worthington  
 Moses, Mrs. George.....15 N. Edwards, Worthington

## HAMILTON COUNTY

Karlick, Mrs. J. R.....Arcadia  
 Donahue, Mrs. C. M.....Carmel  
 Thomas, Mrs. W. Clayton  
 716 First St., N. E., Carmel, Ind.  
 Havens, Mrs. Oscar.....Cicero

### Noblesville

Ambrose, Mrs. J. C.....298 N. Ninth  
 Campbell, Mrs. Sam.....88 S. 19th St.  
 Hash, Mrs. J. S.....R. R. 4  
 Kraft, Mrs. Haldon.....R. R. #5  
 Lloyd, Mrs. Joe.....560 N. 14th St.  
 Shanks, Mrs. Ray.....R. R. 5  
 Shonk, Mrs. H. W.....North Ninth St.

Connoy, Mrs. Andrew.....Westfield  
 Connoy, Mrs. Leo.....Westfield

## HANCOCK COUNTY

Johnston, Mrs. W. R.....Charlottesville  
 Scott, Mrs. Robert.....Charlottesville  
 Garrison, Mrs. James.....Cumberland  
 Manifold, Mrs. Harold.....Fortville  
 Naven, Mrs. W. K.....Fortville

### Greenfield

Allen, Mrs. Joseph.....210 E. Lincoln  
 Endicott, Mrs. Wayne.....115 McClellen  
 Farrell, Mrs. John J., Jr.....304 W. McKenzie Rd.  
 Gibbs, Mrs. Charles.....203 E. North  
 Gill, Mrs. D. D.....328 Park  
 Hunter, Mrs. Donn.....126 Roosevelt Drive  
 Kinneman, Mrs. R. E.....209 North Penn.  
 Kirby, Mrs. Ted.....122 Grandison Rd.  
 Smith, Mrs. John H.....919 Maple Dr.  
 Vingis, Mrs. Bronie.....705 N. State  
 Woods, Mrs. James R., Jr.....715 N. East

Larrabee, Mrs. William.....New Palestine  
 Pierson, Mrs. Thomas.....New Palestine  
 Miller, Mrs. Joseph A.....Oaklandon  
 Kuhn, Mrs. Robert.....Wilkinson  
 Trees, Mrs. Nellie.....Wilkinson

## HENDRICKS COUNTY

Foltz, Mrs. Lloyd.....Brownsburg  
 Scudder, Mrs. A. N.....Brownsburg

### Danville

Hibner, Mrs. Kermit Q.....25 W. Marion  
 Koch, Mrs. Elmer.....301 S. Bowen

Ellis, Mrs. L. Hall.....Lizton  
 Scamahorn, Mrs. Malcolm.....Pittsboro  
 Scamahorn, Mrs. Oscar T.....Pittsboro

### Plainfield

Aiken, Mrs. Milo.....Plainfield  
 Stafford, Mrs. J. C.....223 Avon  
 Stafford, Mrs. William C.....625 S. East

## HENRY COUNTY

Zimmerman, Mrs. W. H.....Dublin  
 Hollenberg, Mrs. A. E.....Hagerstown  
 Wiatt, Mrs. Leonard.....Knightstown  
 Stauffer, Mrs. George.....Moreland  
 Marshall, Mrs. L. C.....Mt. Summit

### New Castle

Amos, Robert L.....924 Lincoln Ave.  
 Bitler, Mrs. C. C.....603 S. 11th  
 Bledsoe, Mrs. J. G.....319 S. 14th  
 Brock, Mrs. J. T., Jr.....100 Van Nuy's Road  
 Burnett, Mrs. A. B.....801 Melody Lane  
 Craig, Mrs. Alex F.....R. R. 2  
 Davies, Mrs. Robert R.....1125 Audubon Road  
 Fisher, Mrs. John.....1135 Woodlawn Dr.  
 Foster, Mrs. Ray.....420 N. Main  
 Harrison, Mrs. B. L.....223 Bundy Ave.  
 Heilman, Mrs. William C.....1111 Audubon Rd.  
 Heilman, Mrs. Wm. C., Jr.....120 N. 24th St.  
 Hill, Mrs. Kenneth G.....100 Leland  
 Itermann, Mrs. G. E.....925 Mourer  
 Kennedy, Mrs. W. U.....701 S. 14th  
 Life, Mrs. Homer L.....1015 W. Broad  
 McDonald, Mrs. Frank C.....527 S. Main  
 McElroy, Mrs. James S.....1213 Audubon Rd.  
 McGee, Mrs. Robert.....914 Plum St.  
 McKee, Mrs. Roy G.....1417 Church St.  
 Mosier, Mrs. Jack.....New Castle State Hosp.  
 Saint, Mrs. Wm. K.....Park Place  
 Stout, Mrs. Walter M.....1103 Audubon Rd.  
 Thorne, Mrs. Charles E.....1225 Audubon Rd.  
 Vivian, Mrs. Donald E.....Park Place R. R.  
 Wiggins, Mrs. D. S.....219 S. 12th

Robertson, Mrs. Wm.....Spiceland

## HOWARD COUNTY

Denton, Mrs. Larkin.....Greentown  
 Shoup, Mrs. E. M.....Greentown

### Kokomo

Adams, Mrs. C. J.....1216 W. Superior  
 Alward, Mrs. J. H.....401 W. Walnut  
 Ault, Mrs. C. H.....3015 Dellwood Drive  
 Boughman, Mrs. J. D.....1515 W. Jefferson  
 Bowers, Mrs. C. C.....1530 W. Taylor  
 Bowers, Mrs. Harvey B.....421 Morningside  
 Bowers, Mrs. J. A.....1535 W. Jefferson  
 Bruegge, Mrs. T. J.....1414 Kingston  
 Buhrman, Mrs. Margaret.....409 W. Sycamore  
 Cattell, Mrs. Lee M.....118 S. McCann St.  
 Clarke, Mrs. Elton.....1400 W. Sycamore  
 Conley, Mrs. T. M.....1016 W. Superior  
 Craig, Mrs. R. A.....W. Sycamore Rd.  
 Craig, Mrs. Ruben.....W. Jefferson Rd.  
 Crawford, Mrs. T. R.....908 W. Superior  
 Cuthbert, Mrs. F. S.....211 E. Jefferson  
 Earl, Mrs. M. M.....1735 W. Mulberry  
 Ferry, Mrs. P. J.....1207 W. Sycamore  
 Golper, Mrs. M. N.....411 Morningside Drive



Good, Mrs. R. P.....227 N. Forest Dr.  
Halfast, Mrs. Richard.....2505 Katherine Ave.  
Hutto, Miss Arvilla.....1012 W. Walnut  
Hutto, Mrs. O. D.....1012 W. Walnut  
Hutto, Mrs. W. H.....211 Conradt  
Jewell, Mrs. G. M.....1318 W. Sycamore  
Kremers, Mrs. George.....1612 Kingston Rd.  
Lung, Mrs. Bruce.....115 Conradt  
Martin, Mrs. Will J.....409 W. Sycamore  
McClure, Mrs. Warren.....309 Lody Lane  
McIndoo, Mrs. R. E.....820 W. Walnut  
Meiner, Mrs. J. A.....924 W. Washington  
Mendelson, Mrs. Stanley.....609 Somerset Dr.  
Morrison, Mrs. W. R.....413 Conradt  
Murray, Mrs. E. C.....2200 S. Webster  
Paris, Mrs. D. W.....2417 S. LaFountain  
Phares, Mrs. R. W.....400 S. Western  
Prather, Mrs. P. E.....123 Magnolia Dr.  
Rhorer, Mrs. H. M.....415 W. Sycamore  
Rudicel, Mrs. M. W.....1604 Kingston Rd.  
Schwartz, Mrs. F. C.....316 Kingston Rd.  
Shenk, Mrs. E. M.....306 N. Webster  
Sorenson, Mrs. Raymond.....1616 W. Walnut  
Spangler, Mrs. J. S.....2126 S. Webster  
Taraba, Mrs. Ralph.....2520 W. Sycamore  
Trimble, Mrs. John.....803 W. Taylor St.  
Wachob, Mrs. Tom.....1319 W. Jefferson  
Wilson, Mrs. William.....809 W. Sycamore

Evans, Mrs. Robert.....Russiaville

**HUNTINGTON COUNTY**

**Huntington**

Brubaker, Mrs. Harold S.....Flaxmill Rd.  
Casey, Mrs. Stanley M.....408 E. Market  
Cope, Mrs. Stanton.....1022 N. Jefferson  
Erehart, Mrs. Mark G.....232 W. Market  
Eviston, Mrs. J. Boyd.....1392 Poplar  
Gray, Mrs. Paul M.....340 E. Market  
Grayston, Mrs. Fred W.....708 N. Jefferson  
Grayston, Mrs. Wallace S.....303 E. Market  
James, Mrs. Thomas, Jr.....1044 Poplar  
Johnston, Mrs. Robert G.....339 E. Market  
Marks, Mrs. Howard H.....1433 Cherry  
Mitman, Mrs. Floyd B.....1470 Poplar  
Nie, Mrs. Grover M.....1518 Cherry  
Omstead, Mrs. Trevalyn W.....231 Vine Street  
Plasterer, Mrs. E. D.....354 E. Washington  
Wagner, Mrs. Richard.....1355 Guilford

Woods, Mrs. Halden C.....Markle  
Cooper, Mrs. B. Trent.....Roanoke  
Galbreath, Mrs. Russell S.....R. R. 2, South Whitey  
Bennett, Mrs. J. B.....Warren  
Black, Mrs. Claude S.....Warren  
Webb, Mrs. Lawrence C.....Warren

**JACKSON-JENNINGS COUNTIES**

Gillespie, Mrs. G. R.....Brownstown  
Shields, Mrs. Jack.....Brownstown  
Adair, Mrs. W. K. 208 S. Armstrong, Crothersville  
Butler, Mrs. Joe B.....Moore St., Crothersville  
Scharbrough, Mrs. Wm.....Medora  
Calli, Mrs. Louis J.....408 S. State, N. Vernon  
Green, Mrs. John.....Elm St., N. Vernon  
Johnson, Mrs. William J.....

318 Jennings St., N. Vernon  
Matthews, Mrs. David W.....Walnut St., N. Vernon  
Thayer, Mrs. Benet W. 214 Jennings St., N. Vernon

**Seymour**

Baxter, Mrs. Harry.....825 W. Sixth St.  
Black, Mrs. J. M. 671 Braewick Rd., Sunset Pkwy.  
Bobb, Mrs. Kenneth E.....311 Lee Blvd.  
Bosch, Mrs. Ralph O.....635 W. 2nd St.  
Day, Mrs. Durbin.....515 W. Sixth St.  
Gillespie, Mrs. Charles E.....602 N. Walnut  
Graessle, Mrs. H. P. 640 East Dr., Sunset Pkwy.  
Martin, Mrs. Guy.....1408 Ewing Rd.  
Osterman, Mrs. L. H.....901 Garden Ave.

Ripley, Mrs. John W.....R. R. #1  
Shortridge, Mrs. Wilbur H.....313 Carter Blvd.  
Wiethoff, Mrs. C. A. 615 West Dr., Sunset Pkwy.

**JASPER-NEWTON COUNTIES**

Johnson, Mrs. Harold V.....Brook  
Schoonveld, Mrs. Arthur.....Brook  
Paul, Mrs. Daniel.....Kentland  
Yegerlehner, Mrs. R. S.....Kentland  
Brady, Mrs. Kingdon.....Morocco  
Hartsough, Mrs. Ralph.....Remington  
Schantz, Mrs. Richard.....Remington  
Beaver, Mrs. E. R.....Rensselaer  
O'Brien, Mrs. Francis.....Rensselaer  
Titus, Mrs. Jack.....Rensselaer

**JAY COUNTY**

Lansford, Mrs. John.....Redkey  
Heller, Mrs. N. L.....Dunkirk  
Huerkamp, Mrs. Joseph.....Ft. Recovery, Ohio

**Portland**

Badders, Mrs. Ara C.....709 W. North  
Cripe, Mrs. Wm. H.....507 W. High  
Fitzpatrick, Mrs. James S.....420 N. Pleasant  
Gillum, Mrs. Eugene.....W. Votaw Street  
Hammond, Mrs. Stanley.....S. Meridian St. Rd.  
Keeling, Mrs. F. E.....609 W. Race  
Morrison, Mrs. George G.....R. R. #4  
Schenck, Mrs. Ralph.....W. Seventh  
Spahr, Mrs. Donald E.....615 W. Race  
Steffy, Mrs. Ralph.....321 E. Race

**JEFFERSON-SWITZERLAND COUNTIES**

Sloan, Mrs. Keith.....Box #347, Hanover

**Madison**

Alcorn, Mrs. Merritt O.....R. R. 1  
Beetem, Mrs. Luther F.....411 N. Broadway  
Childs, Mrs. Wallace Edward.....N. Broadway  
Haney, Mrs. William Keith.....R. R. #3  
Hare, Mrs. Frank W.....705 W. 2nd Street  
Jolly, Mrs. Lewis Everette.....J. P. G. Area  
May, Mrs. George Arthur.....R. R. 5  
McAtee, Mrs. Ott B.....Madison State Hospital  
Murry, Mrs. Wm. E.....Madison State Hospital  
Pratt, Mrs. Ralph M.....804 W. Main Street  
Raines, Mrs. Rinda.....117 Presbyterian Ave.  
Shuck, Mrs. Wm. A.....R. R. 3  
Whitsitt, Mrs. Schuyler.....718 W. Main  
Zink, Mrs. Robert Otto.....502 Broadway

**JOHNSON COUNTY**

Gammell, Mrs. L. L.....  
707 E. Main Cross St., Edinburg  
Michaels, Mrs. J. F.....200 N. Clay, Edinburg

**Franklin**

Andrews, Mrs. Hugh.....235 N. Main Street  
Chappel, Mrs. A. T.....174 Center Court  
Deppe, Mrs. Charles F.....1215 Park Ave.  
Ferrara, Mrs. Joseph.....1000 E. King  
Foster, Mrs. R. H. K.....Orchard Grove  
Jones, Mrs. Charles A.....1050 E. Adams  
Murphy, Mrs. Harry E.....150 N. Main  
Portteus, Mrs. Walter L.....R. R. 2, Box 118  
Province, Mrs. Wm. D.....51 N. Water St.  
Records, Mrs. Arthur W.....216 E. Jefferson  
Stogsdill, Mrs. W. W.....R. R. #4  
Walters, Mrs. Jack.....876 Glendale Drive

**Greenwood**

Brown, Mrs. George E.....Beech Park Dr.  
Eaton, Mrs. Lyman D.....Springdale Addition  
Machledt, Mrs. John H.....243 S. Madison  
Onyett, Mrs. Harold.....R. R. #4, Box 125  
Sheek, Mrs. Kenneth I.....165 N. Brewer  
Tiley, Mrs. George.....40 N. Madison  
Woodcock, Mrs. Charles W.....240 S. Madison

Hibbs, Mrs. William G.....Whiteland



**KNOX COUNTY**

Byrne, Mrs. Robert.....517 N. Main, Bicknell  
 Shanklin, Mrs. Jack L.....Bicknell  
 Scudder, Mrs. J. A.....Edwardsport

**Vincennes**

Anderson, Mrs. John.....Old Wheatland Rd.  
 Anderson, Mrs. Richard M.....Monroe City Rd.  
 Arbogast, Mrs. Paul B.....1420 Old Orchard Rd.  
 Barrett, Mrs. Thomas L.....1307 Busseron  
 Beckes, Mrs. Ellsworth W.....220 N. Fifth  
 Chattin, Mrs. Herbert O.....729 Main  
 Coffel, Mrs. Melvin H.....Simpson Lake  
 Corsentino, Mrs. Bart.....State Road 41, North  
 Cullison, Mrs. Charles H.....47 Cloverdale  
 Curtner, Mrs. Myron L.....216 N. Sixth  
 Edwards, Mrs. Edward T., Jr.....Old Bruceville Rd.  
 Ewing, Mrs. Nathaniel D.....Monroe City Rd.  
 Fox, Mrs. Maurice S.....704 N. Seventh  
 Green, Mrs. Carl L.....1414 Weed Lane  
 Hendrix, Mrs. Charles.....1202 E. Sycamore  
 Humphreys, Mrs. Joe S.....1602 Weed Lane  
 McCormick, Mrs. Hubert D.....518 N. Fourth  
 McDowell, Mrs. M. M.....1322 Audubon Rd.  
 McMahan, Mrs. V. C.....Monroe City Rd.  
 Nichols, Mrs. Robert J.....1515 Burnett Lane  
 Reilly, Mrs. James F.....401 Buntin St.  
 Schulze, Mrs. Wm.....819 Buntin St.  
 Shaffer, Mrs. Kenneth.....Ridge Rd.  
 Smith, Mrs. Ralph O.....Old Buceville Rd.  
 Smith, Mrs. S. Joseph.....504 N. Fourth Street  
 Spencer, Mrs. Frederic.....902 Perry Street  
 Stewart, Mrs. Frank.....2nd Street Rd.  
 Sullenger, Mrs. A. A.....803 Seminary St.  
 Vaughn, Mrs. Walter R.....406 N. Third  
 von de Leith, Mrs. William.....Monroe City Rd.  
 Welch, Mrs. Norbert M.....Monroe City Rd.

**KOSCIUSKO COUNTY**

Urschel, Mrs. Dan L.....Mentone  
 Wilson, Mrs. Wymond.....Mentone  
 Stalter, Mrs. G. W.....North Webster  
 Pierson, Mrs. Pearl H.....Silver Lake

**Warsaw**

Hillery, Mrs. John L.....823 E. Center  
 Johnson, Mrs. John J.....1604 Ranch Road, R. R. #2  
 Murphy, Mrs. Harold.....427 S. Buffalo  
 Murphy, Mrs. Samuel C.....216 S. High  
 Richer, Mrs. Orville H.....914 E. Main  
 Roesch, Mrs. Ryland.....RFD 3, N. Bay Dr.  
 Schlemmer, Mrs. George H.....528 N. Lake  
 Thomas, Mrs. E. Winton.....711 E. Main

**LAKE COUNTY****Crown Point**

Becker, Mrs. P. H.....Parramore Hospital  
 DuSold, Mrs. Donald.....116 N. Court  
 Horst, Mrs. W. N.....126 N. Court  
 Klaus, Mrs. J. N.....667 S. Main  
 Troutwine, Mrs. W. R.....620 S. Main

**East Chicago**

Barron, Mrs. Elmer.....3902 Ivy  
 Campagna, Mrs. E. A.....4320 Ivy  
 Ernst, Mrs. H. C.....4219 Baring  
 Fleischer, Mrs. J. C.....4135 Ivy  
 Grosso, Mrs. William G.....4132 Northcote  
 Gustaitis, Mrs. John W.....4318 Parrish  
 Niblick, Mrs. James S.....4122 Parrish  
 Shapiro, Mrs. Joseph.....4214 Parrish

**East Gary**

Mather, Mrs. J. Winford.....2367 Vigo

**Gary**

Almquist, Mrs. C. O.....550 Lincoln  
 Armalavage, Mrs. L. J.....6572 Birch  
 Behn, Mrs. Walter.....1514 W. 5th St.  
 Bills, Mrs. R. N.....534 Lincoln

Bornstein, Mrs. H.....763 Lincoln  
 Brady, Mrs. Samuel J.....451 Garfield  
 Brandman, Mrs. Harry.....629 Grant  
 Brauer, Mrs. A. A.....8124 Locust Street  
 Bringas, Mrs. Irineo.....761 Connecticut  
 Brinko, Mrs. John.....3527 Harrison  
 Carberry, Mrs. G.....759 Grant  
 Carbone, Mrs. Joseph.....526 Johnson  
 Chevigny, Mrs. J. J.....654 Johnson  
 Cooper, Mrs. Leo K.....670 Hayes  
 Dierolf, Mrs. Edward J.....630 Montgomery  
 Elliott, Mrs. Ralph A.....1726 W. Sixth  
 English, Mrs. Hubert M.....575 Taft  
 Goldberg, Mrs. Harold B.....825 W. 35th  
 Goldstone, Mrs. Adolph.....1430 W. Seventh St.  
 Goldstone, Mrs. Joseph.....600 Cleveland  
 Goldstone, Mrs. Sidney R.....1045 W. 35th  
 Jahns, Mrs. A. A.....655 Roosevelt  
 Jannasch, Mrs. M. Clifford.....6600 Birch  
 Jordon, Mrs. S. Y.....430 W. 44th Street  
 Kendrick, Mrs. Frank J.....552 Johnson  
 Kobrin, Mrs. Meyer W.....2300 W. Sixth  
 Kopcha, Mrs. Joseph E.....650 Pierce  
 Korn, Mrs. Jerome M.....2119 W. Fifth  
 Lebioda, Mrs. Henry S.....230 Morningside  
 Lewis, Mrs. George N.....573 Roosevelt  
 Lorenty, Mrs. T. B.....3654 Madison  
 May, Mrs. R. Milton.....667 Van Buren  
 Milos, Mrs. Robert.....725 Filmore  
 Minczewski, Mrs. R. C.....2425 W. Fifth  
 Molengraft, Mrs. C. J.....544 Monroe  
 Morris, Mrs. Hyman R.....2401 W. Sixth  
 Moswin, Mrs. Jack A.....701 Arthur  
 Nelson, Mrs. W. A.....1050 Warren  
 Nigles, Mrs. Richard.....237 Glen Park Ave.  
 Ornelas, Mrs. Joseph P.....230 W. 36th  
 Palmer, Mrs. Russell H.....2006 W. Fourth Place  
 Parratt, Mrs. Louis W.....131 W. 46th Street  
 Robinson, Mrs. Walter K.....500 N. Montgomery  
 Rubin, Mrs. Simon S.....2131 W. Fifth  
 Ryan, Mrs. H. J.....630 McKinley  
 Sala, Mrs. Joseph J.....2333 W. Fifth  
 Sala, Mrs. Walter R.....659 McKinley  
 Scully, Mrs. J. T.....1005 W. 35th St.  
 Senese, Mrs. Thomas J.....581 Johnson  
 Shevick, Mrs. Alexander.....528 Monroe  
 Slama, Mrs. George F.....3520 Polk  
 Sponder, Mrs. Joseph.....738 N. Hamilton  
 Stimson, Mrs. Harry R.....4338 Jefferson  
 Thomas, Mrs. Daniel D.....2001 W. 7th Street  
 Thomas, Mrs. G. L.....594 Taney  
 Trinosky, Mrs. Frank.....2500 W. 5th Avenue  
 Townsend, Mrs. William.....594 Tancy  
 Vye, Mrs. J. Preston.....3620 Madison  
 Weiskopf, Mrs. Henry S.....608 Roosevelt  
 Yast, Mrs. Charles J.....704 Fillmore  
 Yocum, Mrs. Paul S.....6999 Hemlock  
 Yocum, Mrs. Paul, Jr.....2200 Ranburn Drive  
 Young, Mrs. G. M.....4580 Washington  
 Young, Mrs. Robert L.....616 Roosevelt

**Griffith**

Lundeberg, Mrs. Ralph A.....303 N. Harvey  
 Purcell, Mrs. Richard.....300 N. Lafayette  
 Siekierski, Mrs. J. H.....445 N. Broad Street

**Hammond**

Allegretti, Mrs. Michael L.....6237 Forest  
 Bacevich, Mrs. A.....6937 Olcott  
 Beconovich, Mrs. Robert.....6540 Forest Ave.  
 Beilke, Mrs. C. A.....6806 Huron  
 Bonaventura, Mrs. Angelo P.....7112 Woodmar  
 Brown, Mrs. Stanley Lee.....6550 Hohman  
 Chael, Mrs. Tom.....6015 Erie  
 Chidlaw, Mrs. B. W.....29 Wildwood Rd.  
 Costello, Mrs. Albert J.....6737 Magoun  
 Cotter, Mrs. Edward R.....7225 Knickerbocker  
 Eggers, Mrs. Henry W.....6542 Hohman  
 Egnatz, Mrs. Nick.....820 Highland  
 Elledge, Mrs. Ray.....6415 Forest



Fischer, Mrs. Burnell.....49 Indi-Illi Park  
 Gardiner, Mrs. H. Glenn.....47 Waltham  
 Gevirtz, Mrs. Milton B.....6528 Forest  
 Hack, Mrs. Edmund C.....7147 Olcott St.  
 Hansen, Mrs. Arthur H.....6527 Hohman  
 Hickman, Mrs. A. Lee, Jr.....7412 Knickerbocker  
 Hopkins, Mrs. J. R.....7107 State Line  
 Howard, Mrs. William H.....6534 Forest Ave.  
 Husted, Mrs. Robert G.....7248 Forest  
 Komoroske, Mrs. John E.....35 Highland  
 Koransky, Mrs. David S.....7048 Forest  
 Kretsch, Mrs. Russel W.....7214 Hohman  
 Marks, Mrs. Ora L.....7111 Olcott  
 Mintz, Mrs. Alfred.....1566 178th Pl.  
 Modjeski, Mrs. Joseph R.....7327 Knickerbocker  
 Modjeski, Mrs. Raymond J.....223 Locust  
 Neal, Mrs. L. W.....7301 Forest Ave.  
 Nelson, Mrs. Richard B.....41 172nd Place  
 Panares, Mrs. S. V.....4 172nd Place  
 Peck, Mrs. Edward A.....6422 Moraine  
 Pilot, Mrs. Jean.....7137 Knickerbocker Pkwy.  
 Premuda, Mrs. Franklin F.....7042 Woodmar  
 Rasch, Mrs. George C.....7847 Walnut  
 Remich, Mrs. Antone C.....6412 Moraine  
 Rendel, Mrs. Donald T.....18 172nd Place  
 Rhind, Mrs. A. W.....7126 Forest  
 Rosevear, Mrs. Henry J.....6531 Forest Ave.  
 Row, Mrs. P. Q.....6706 Hohman  
 Rubright, Mrs. Robert.....7025 Monroe  
 Rudolph, Mrs. F. G.....6607 Forest  
 Santare, Mrs. Vincent.....6508 Forest Ave.  
 Schlesinger, Mrs. J.....7251 Forest  
 Shulruff, Mrs. Harry I.....7244 Hohman  
 Shanklin, Mrs. E. M.....54 Ruth  
 Stern, Mrs. S. Lewis.....226 Oakwood  
 Teegarden, Mrs. Joseph A., Jr.....7204 Woodman  
 Thegze, Mrs. George.....7435 Olcott

Larrabee, Mrs. James...2214 Oakdale, Highland  
 Burger, Mrs. Robert.....1004 Garfield, Hobart  
 Bjorklund, Mrs. Carl...212 S. Connecticut, Hobart  
 Faulkner, Mrs. Donald...125 Washington, Hobart  
 Gill, Mrs. J. R.....8th & Wisconsin, Hobart  
 Markle, Mrs. Joseph.....308 Main, Hobart  
 McGue, Mrs. Frank.....5932 Hemlock, Hobart  
 Mirro, Mrs. J. A.....2310 Oakley St., Lowell

Black, Mrs. Charles  
 809 S. Marshfield No. 106, Chicago, Ill.  
 Markey, Mrs. Richard J.  
 Rosedale Terrace, Crete, Ill.  
 Potts, Mrs. William  
 3543 Ridge Rd., E., Lansing, Ill.  
 Lazo, Mrs. Vincente R. 3431 Walnut, Phila. 4, Pa.

#### Munster

Arbeiter, Mrs. Herbert I.....119 Beverly Place  
 Arrowsmith, Mrs. James L.....8138 Forest  
 Benchik, Mrs. Frank.....8326 Hawthorne Dr.  
 Boys, Mrs. F. F.....3517 Crestwood  
 Campbell, Mrs. G. G.....211 Ridge Rd.  
 Eggers, Mrs. Ernest L.....8147 Meadow Lane  
 Kenny, Mrs. Francis.....8131 Forest Ave.  
 Lautz, Mrs. Herbert A.....7943 Forest Ave.  
 Long, Mrs. Keith J.....1327 Ridgeway  
 Marks, Mrs. Salvo P.....8320 Parkview  
 Sroka, Mrs. Stanley J.....7540 Forest Ave.  
 Stevens, Mrs. Edwin.....8625 Beech  
 Teplinsky, Mrs. L. L.....1526 Twelve Oaks Dr.  
 Westhaysen, Mrs. Peter V.....127 Beverly Pl.  
 Carleton, Mrs. E. H. R. #1, Schererville, Indiana

#### Whiting

Greisen, Mrs. J. C.....1709 Stanton  
 Weinberg, Mrs. B. A.....2022 Lake Ave.

### LA PORTE COUNTY

Oak, Mrs. D. D., Sr.....LaCrosse

### La Porte

Carter, Mrs. Fred.....402 E. Jefferson  
 Durham, Mrs. L. J.....1012 Harrison Street  
 Fargher, Mrs. Robert A.....436 Lake Shore Drive  
 Jones, Mrs. R. B.....1515 Indiana  
 Kelsey, Mrs. Robert.....2107 Monroe  
 Kepler, Mrs. Robert W.....1529 Michigan  
 Larson, Mrs. G. O.....1106 Monroe  
 Mead, Mrs. Frank.....344 Grayson Rd.  
 Muhleman, Mrs. C. E.....Indiana Avenue  
 Philbrook, Mrs. Seth S.....707 Harrison St.  
 Richter, Mrs. J. C.....1421 Indiana  
 Wolf, Mrs. John.....1412 Indiana

### Michigan City

Allison, Mrs. R. H.....1910 E. Michigan St.  
 Armstrong, Mrs. T. D.....E. Coolspring  
 Bankoff, Mrs. Milton L.....1412 Washington St.  
 Bernoske, Mrs. Daniel.....731 Pine  
 Cleveland, Mrs. John B.....314 Fir  
 Fargher, Mrs. F. M.....Pottawattomie Park  
 Gardner, Mrs. R. A.....Long Beach  
 Gilmore, Mrs. Robert.....Long Beach  
 Hay, Mrs. E. R.....112 Orchard Street  
 Jones, Mrs. King.....1010 East Coolspring Ave.  
 Kemp, Mrs. J. T.....631 Pine St.  
 Kling, Mrs. Victor.....Long Beach  
 Kubik, Mrs. F. J.....Pottawattomie Park  
 Meyer, Mrs. Milo G.....Long Beach  
 Piazza, Mrs. L. F.....2402 York  
 Roberts, Mrs. Thomas K.....912½ Pine Street

Dieter, Mrs. W. M.....Beatty Hospital, Westville  
 Johnson, Mrs. Donald.....Westville  
 Sennett, Mrs. Cecil M.

Beatty Memorial Hospital, Westville

### LAWRENCE COUNTY

Benham, Mrs. Lawrence E.....Avoca, Ind.

#### Bedford

Allen, Mrs. L. Howard.....1318 14th  
 Austin, Mrs. Richard P.....1315 15th  
 Duncan, Mrs. Raymond E.....1511 14th Street  
 Dusard, Mrs. Joseph C.....1107 N  
 Edmonds, Mrs. Kendrick T.....1303 15th  
 Emery, Mrs. Charles B.....Brook Knoll  
 Fountaine, Mrs. Thomas J.....1620 18th  
 Hammel, Mrs. Howard T.....1822 15th  
 Hawkins, Mrs. Richard D.....1822 15th St.  
 Kastings, Mrs. Gerald E.....Hawthorne Heights  
 Kerr, Mrs. Donald M.....1415 20th St.  
 Morrow, Mrs. Robert J.....501 Southwood Drive  
 Newland, Mrs. A. E.....Hawthorne Pl.  
 Noe, Mrs. William R.....1224 14th  
 Scherschel, Mrs. John P.....1713 H  
 Smallwood, Mrs. R. B.....1506 13th  
 Wohlfeld, Mrs. J. B.....1224 15th

Hamilton, Mrs. James.....Mitchell  
 Oswalt, Mrs. James.....Mitchell  
 Robinson, Mrs. William.....Mitchell

### MADISON COUNTY

LeRoy, Mrs. A. G.....Alexandria

#### Anderson

Aagesen, Mrs. W. J.....1112 North Dr.  
 Armington, Mrs. Charles L.....823 W. 7th Street  
 Armington, Mrs. John C.....206 W. 14th St.  
 Armington, Mrs. R. L.....Kilbuck Rd.  
 Ashcraft, Mrs. J. R.....20 Overlook Dr.  
 Ayres, Mrs. Kenneth D.....2210 Meridian  
 Austin, Mrs. Charles.....1612 Westwood Drive  
 Austin, Mrs. Maynard A.....238 W. 12th  
 Baughn, Mrs. W. L.....1517 Winding Way



Benoit, Mrs. Merrill... 3620 Maple Road, Edgewood  
 Bixler, Mrs. Donald P. .... 1515 Green Way Dr.  
 Blassaras, Mrs. Crist A. .... 916 Dresser Dr.  
 Bowers, Mrs. Richard C. .... 3508 Dogwood Dr.  
 Brown, Mrs. James. .... 1728 W. 10th Street  
 Buckles, Mrs. David L. .... 44 Knoll Rd., Edgewood  
 Conrad, Mrs. Ernest M. .... 2124 Meridian St.  
 Doenges, Mrs. James L. .... 1601 Van Buskirk Rd.  
 Donaldson, Mrs. Frank C. .... 308 Winding Way  
 Drake, Mrs. John C. .... 920 N. Madison Ave.  
 Dulin, Mrs. Basil B. .... 1120 Maryland Drive  
 Ellis, Mrs. Seth W. .... 1105 Green Way Dr.  
 Elsten, Mrs. Wayne A.

1333 Maryland Dr., Forest Manor  
 Erehart, Mrs. Archie D. .... 1221 Irving Way  
 Ferguson, Mrs. Donald H. .... 430 W. 7th Street  
 Fischer, Mrs. Warren E. .... 108 North Shore Blvd.  
 Gante, Mrs. Henry W. .... 2005 Nichol  
 Hart, Mrs. Wm. D. .... 1026 W. Eighth  
 Hensler, Mrs. Benton M.

717 Winding Way, Edgewood  
 Jarrett, Mrs. Paul E. .... 2541 N. Shore Dr.  
 Kelly, Mrs. Wendell C. .... 23 Colony Rd., Edgewood  
 Kiely, Mrs. John T. .... 1931 Nichol  
 King, Mrs. Barnard A. .... 26 Winding Way  
 King, Mrs. Joseph W. .... 260 Davis Dr., Edgewood  
 Lamey, Mrs. Paul T. .... 1740 W. 10th St.  
 Larmore, Mrs. Joseph L.

1301 Winding Way, Edgewood  
 Litzenberger, Mrs. Sam W. .... 837 Forrest Dr.  
 Long, Mrs. Paul L. .... 828 Dresser Dr.  
 Maxson, Mrs. Roy V. .... 3240 Maryland Dr.  
 Metcalf, Mrs. George B. .... 830 W. Eighth  
 Morris, Mrs. Robert A. .... 410 Golf Club Rd.  
 Nesbitt, Mrs. Leonard L. .... Eighth Street Rd.  
 Patterson, Mrs. William K. .... 8 South Park Dr.  
 Polhemus, Mrs. Warren C. .... 1800 W. 11th  
 Ross, Mrs. Guy E. .... 1124 N. Madison Ave.  
 Sharp, Mrs. William L. .... 725 North Shore Blvd.  
 Stamper, Mrs. Joseph H. .... 619 State Road 67 W.  
 Stamper, Mrs. Robert J. .... 3104 Sherman St.  
 Stinson, Mrs. William M. .... 201 Longwood Ave.  
 Swan, Mrs. Richard C. .... 707 Forrest Dr.  
 Wilder, Mrs. Gordon B. .... 338 W. Eighth St.  
 Williams, Mrs. Francis M. .... 1012 Park Rd.  
 Williams, Mrs. Robert H. .... 715 North Shore Blvd.  
 Wilkinson, Mrs. Roger L.

1525 Winding Way, Edgewood  
 Wishard, Mrs. Fred B. .... 316 E. 34th St.

Ferrell, Mrs. Mars B. .... Fortville  
 Bishop, Mrs. Harry A. .... Frankton  
 Williams, Mrs. Robert D. .... Markleville  
 Hammer, Mrs. J. W. .... Middletown  
 Leahy, Mrs. H. J. .... P. O. Box 147, Pendleton  
 McLaughlin, Mrs. Calvin P.

Fall Creek Parkway, Pendleton  
 Van Ness, Mrs. William ... 216 S. Main, Summitville

## MARION COUNTY

Ramage, Mrs. Walter F. ... 244 S. First, Beech Grove  
 Hughes, Mrs. James E. .... 326 Anthony St.,  
 Glen Ellyn, Ill.

### Indianapolis

#### A

Adkins, Mrs. Harold C. .... 250 W. Hampton Dr.  
 Albertson, Mrs. Frank P. .... 5031 Rockville Rd.  
 Aldrich, Mrs. Harry D. .... 5805 Sherman Dr.  
 Allen, Mrs. Robert K. .... 3740 Caroline Avenue  
 Alvis, Mrs. Edmond O. .... 474 W. 92nd St.  
 Appel, Mrs. Richard H. ... 4465 Marcy Lane, No. 190  
 Arbuckle, Mrs. William E. ... 5326 E. St. Joseph St.  
 Aronson, Mrs. Sidney S. .... 5670 N. Meridian  
 Avery, Mrs. George O. .... 5321 N. Kessler Blvd.

#### B

Bachmann, Mrs. Arnold J. .... 1615 Oles Drive  
 Bakemeier, Mrs. Otto H. .... 5535 E. St. Clair

Balch, Mrs. James F. .... 4444 College Ave.  
 Ball, Mrs. Joseph E. .... 823 N. Lesley  
 Bartlett, Mrs. Donald. ... 3537 N. Pennsylvania St.  
 Bartley, Mrs. Max D. .... 5640 N. Pennsylvania St.  
 Batman, Mrs. Gordon W. .... 6906 N. Delaware  
 Bauer, Mrs. Thomas. .... R. R. 14, Box 872  
 Baumeister, Mrs. Herbert E. ... 314 W. Hampton Dr.  
 Beamer, Mrs. Parker R. .... 3560 Carrollton  
 Beasley, Mrs. Thos. J. .... 112 Berkley Rd.  
 Beaver, Mrs. Howard W. .... 303 E. Edgewood Ave.  
 Beck, Mrs. Evert M. .... 1220 Oak Ridge Dr.  
 Becker, Mrs. Harry G. .... 5641 Haverford Ave.  
 Beeler, Mrs. John W. .... 39 E. 39th St.  
 Belt, Mrs. James H. .... 5155 Broadway  
 Benedict, Mrs. Paul. .... 2652 Cold Spring Lane  
 Berman, Mrs. Jacob K. .... 2810 West 38th Street  
 Bibler, Mrs. Lester D. .... 4360 N. Pennsylvania  
 Blake, Mrs. Albert L. .... 3208 North Brouse  
 Blatt, Mrs. A. Ebner. .... 5330 N. Illinois  
 Boling, Mrs. Grover C. .... 5806 N. Parker  
 Booth, Mrs. Boynton H. .... 107 E. 48th St.  
 Boyer, Mrs. Floyd A. .... 136 S. Wittfield  
 Boyer, Mrs. Philip A., Jr. .... 1260 E. 80th St.  
 Brady, Mrs. Thomas A. .... 225 Wellington Rd.  
 Brayton, Mrs. John R. .... 3128 E. Fall Creek Blvd.  
 Brodie, Mrs. Donald W. .... R. R. 12, Box 241 M  
 Brown, Mrs. Archie E. .... 743 West 43rd Street  
 Brown, Mrs. David E. .... 7230 N. Lake Side Dr.  
 Brown, Mrs. DeWitt W., Jr. ... 4363 Cold Springs Rd.  
 Brown, Mrs. Gordon T. .... 6401 Park Avenue  
 Brown, Mrs. Wendell. .... 3750 N. Gale  
 Browning, Mrs. William M. ... 2275 Wynnedale Rd.  
 Brubaker, Mrs. E. H. .... 624 E. 23rd  
 Bunde, Mrs. Carl A. .... 952 N. Downey  
 Burghard, Mrs. Rolla. .... 2171 E. 67th

#### C

Cahn, Mrs. Hugo M. .... 5535 N. Pennsylvania  
 Call, Mrs. Herbert F. .... 710 E. 57th  
 Campbell, Mrs. John A. .... 5201 Grandview Dr.  
 Carson, Mrs. E. Wayne. .... 7177 N. Meridian  
 Carter, Mrs. Larue D. .... 4280 N. Meridian  
 Carter, Mrs. Oren E. .... 5461 Kenwood  
 Chattin, Mrs. William R. .... 4209 Roselawn Dr.  
 Chernish, Mrs. Stanley. .... 1402 N. Linwood  
 Chivington, Mrs. Paul V. .... 5730 Parker  
 Chroniak, Mrs. Walter

5916 E. Pleasant Run Pkwy.  
 Clark, Mrs. Lawson J. .... 2425 E. Kessler Blvd.  
 Cohn, Mrs. A. F. .... 1120 Southview Dr.  
 Collins, Mrs. James N. .... 5445 N. Pennsylvania  
 Conway, Mrs. Glenn. .... 2235 E. Garfield Dr.  
 Cornacchione, Mrs. Matthew ... 5960 N. New Jersey  
 Cortese, Mrs. James V. .... 124 W. Troy  
 Cortese, Mrs. Thomas A. .... 3240 Brill Rd.  
 Countryman, Mrs. F. W. .... 5633 Central  
 Cox, Mrs. Clifford E. .... R. R. 14, Box 811  
 Culbertson, Mrs. C. G. .... 6060 Park Ave.  
 Cullen, Mrs. Paul K. .... 5115 Graceland  
 Cure, Mrs. Charles W. .... 5726 Sherman Ave.  
 Currie, Mrs. Robert W. .... 512 E. 57th St.  
 Curry, Mrs. R. Louis. .... 5260 Carrollton  
 Cuthbert, Mrs. Marvin. .... 6935 N. Pennsylvania St.

#### D

Daley, Mrs. Edward H. .... 5118 East Dickson Road  
 Daly, Mrs. Joseph M. .... 5969 Singleton St.  
 Davidson, Mrs. N. Cort. .... 6901 Washington Blvd.  
 Davis, Mrs. John A. .... 3630 Marrison Pl.  
 Davis, Mrs. Sam J. .... 4545 Broadway  
 Day, Mrs. Clark. .... 228 W. 44th St.  
 Dearmin, Mrs. Robert M. .... 5147 N. Delaware  
 DeArmond, Mrs. Albert M. .... 5401 N. Delaware  
 Deever, Mrs. John W. .... 6801 S. East St.  
 Dennison, Mrs. A. Dudley, Jr.  
 8190 N. Pennsylvania St.  
 Denny, Mrs. James W. ... 6633 Spring Brook, N. Dr.  
 DeWees, Mrs. Dwight L. .... 302 N. Bradley  
 Donato, Mrs. Albert M. .... 4225 S. East



Dorman, Mrs. W. Leland . . . . . 2005 Lick Creek Dr.  
 Doughty, Mrs. Samuel R. . . . . 4068 Adams Ct., North  
 Dupes, Mrs. Lowell E. . . . . 222 West 73rd St.  
 Dryden, Mrs. Gale . . . . . 5835 N. Tacoma Ave.  
 Dunning, Mrs. Lehman H. . . . . 5435 N. Pennsylvania  
 Dyar, Mrs. Edwin W., Jr. . . . . 5910 Washington Blvd.  
 Dyke, Mrs. Richard W. . . . . 6314 Hoover Road

## E

Eastman, Mrs. Joseph Rilus . . . . . 4935 Coburn Street  
 Eaton, Mrs. Edwin R. . . . . 5750 Allisonville Rd.  
 Ebert, Mrs. J. Wayne . . . . . 1125 Southview Dr.  
 Egbert, Mrs. Herbert L. . . . . 419 W. 63rd St.  
 Eicher, Mrs. Palmer O. . . . . 4401 Washington Blvd.  
 Elkins, Mrs. James P. . . . . 820 Southwood Drive  
 Ellis, Mrs. Bert E. . . . . R. R. 18, Box 32  
 Ellis, Mrs. William N. . . . . 4908 E. 46th Street  
 Emhardt, Mrs. John T. . . . . 3305 Brill Rd.  
 Emhardt, Mrs. John W. . . . . 5425 Washington Blvd.  
 Ensminger, Mrs. Leonard A. . . . . 1321 N. Meridian  
 Evans, Mrs. Paul V. . . . . 5725 Indianola  
 Everly, Mrs. Ralph V. . . . . 1105 E. 58th

## F

Fausset, Mrs. C. Basil . . . . . 7757 N. Meridian  
 Ferry, Mrs. Frances A. . . . . 935 E. Southern  
 Fine, Mrs. N. J. . . . . 5481 East 19th St.  
 Finneran, Mrs. Joseph C. . . . . 4238 Carrollton Ave.  
 Fisch, Mrs. Charles . . . . . 6005 N. Oakland Ave.  
 Fischer, Mrs. A. Alan . . . . . 3230 W. 41st St.  
 Flanders, Mrs. Robert, Jr. . . . . 5344 N. Pennsylvania  
 Flanigan, Mrs. Meredith B. . . . . 2920 W. 33rd  
 Flora, Mrs. Joseph O. . . . . 5604 Rockville Rd.  
 Folkening, Mrs. Norval C. . . . . 5501 Camden  
 Fouts, Mrs. Paul J. . . . . 8393 N. Illinois  
 Freeman, Mrs. Leslie W. . . . . 5461 Julian Ave.  
 Freeman, Mrs. Max E. . . . . 4802 Thornleigh Dr.  
 Fry, Mrs. Robert D. . . . . 5717 Broadway

## G

Gaddy, Mrs. E. T. . . . . R. R. #2, Box 179  
 Gambill, Mrs. Wm. Dudley . . . . . 2272 Wynnedale  
 Garber, Mrs. J. Neill . . . . . 1101 E. 57th  
 Garceau, Mrs. George J. . . . . 4334 N. Pennsylvania  
 Garner, Mrs. W. Stanley . . . . . 3785 E. 62nd  
 Garrett, Mrs. Robert A. . . . . 1403 W. 52nd St.  
 Gastineau, Mrs. David C. . . . . 8620 Manderley Dr.  
 Gastineau, Mrs. Frank M. . . . . 5344 N. Pennsylvania  
 Geider, Mrs. Roy A. . . . . 5816 Pleasant Run Pkwy.  
 Gick, Mrs. Herman H. . . . . 451 Eastern  
 Gifford, Mrs. Fred E. . . . . 5125 N. Meridian  
 Gillespie, Mrs. Charles F. . . . . 4530 Berkshire Rd.  
 Goldman, Mrs. Samuel . . . . . 5632 Rosslyn  
 Gormley, Mrs. Joseph J. . . . . 4402 Thrush Drive  
 Gosman, Mrs. James H. . . . . 4491 Washington Blvd.  
 Green, Mrs. Oscar . . . . . 6219 Indianola  
 Greist, Mrs. John H. . . . . 4343 Washington Blvd.  
 Griffith, Mrs. Richard S. . . . . 2002 Cunningham Road  
 Griffith, Mrs. Ross E. . . . . 4452 Washington Blvd.  
 Grisell, Mrs. Ted L. . . . . 5411 Broadway  
 Gruber, Mrs. Charles M., Jr. . . . . 7022 College Avenue  
 Gustafson, Mrs. Gerald W. . . . . 5768 N. Pennsylvania

## H

Habegger, Mrs. E. Dale . . . . . 3242 Georgetown Road  
 Habich, Mrs. Carl . . . . . 44 E. 52nd  
 Hadley, Mrs. David . . . . . 5601 N. Pennsylvania  
 Haggard, Mrs. Edmund B. . . . . 3481 Birchwood  
 Hall, Mrs. Frank . . . . . 8633 N. Pennsylvania  
 Hampshire, Mrs. Donald . . . . . 4378 Central  
 Hanna, Mrs. Thomas . . . . . 5009 W. 15th St.  
 Hansell, Mrs. Robert M. . . . . 3532 N. Gladstone  
 Harcourt, Mrs. Allan K. . . . . 4915 N. Illinois  
 Harding, Mrs. M. Richard . . . . . 4220 DeVon Court  
 Harding, Mrs. Myron S. . . . . 46 W. 46th  
 Harding, Mrs. Paul C. . . . . 4432 Bertrand Road  
 Harger, Mrs. Robert . . . . . 46 West 52nd Street  
 Harold, Mrs. Norris E. . . . . 3545 N. Denny  
 Hasewinkel, Mrs. Carrol W. . . . . 5168 Primrose Ave.  
 Haslinger, Mrs. Clarence J. . . . . 5236 Boulevard Pl.

Hatfield, Mrs. Nicholas W. . . . . 4118 N. Pennsylvania  
 Hammond, Mrs. Joseph L. . . . . 2745 Crescent Hill Lane  
 Hays, Mrs. Everett L. . . . . 2607 Manker  
 Hedrick, Mrs. Philip W. . . . . 4808 Central Ave.  
 Heimbürger, Mrs. R. F. . . . . 4462 Central Ave.  
 Helmer, Mrs. O. M. . . . . 5015 N. Illinois  
 Hepburn, Mrs. Charles K. . . . . 7570 Morningside Dr.  
 Hetherington, Mrs. A. M. . . . . 445 E. 71st St.  
 Heubi, Mrs. John E. . . . . 5061 N. Illinois  
 Hickman, Mrs. Walter F. . . . . 3535 Del Mar Rd.  
 Hicks, Mrs. Murwyn L. . . . . 4125 E. 61st St.  
 Hildrup, Mrs. Don G. . . . . 5672 N. Illinois  
 Holman, Mrs. Jerome E., Sr. . . . . 4503 Kessler Blvd., E. Dr.

Hood, Mrs. Ainslee A. . . . . 4754 Rosedale Drive  
 Horwitz, Mrs. Thomas . . . . . 6720 Allisonville Rd.  
 Howell, Mrs. Joseph D. . . . . 3431 Winthrop  
 Howell, Mrs. Robert D. . . . . 3641 N. Pennsylvania  
 Huddle, Mrs. John R. . . . . 4738 N. Pennsylvania  
 Hudson, Mrs. Foster J. . . . . 525 W. Hampton Dr.  
 Hughes, Mrs. William F., Sr. . . . . 4025 N. Meridian  
 Hull, Mrs. Ronald . . . . . 6465 Dover Rd.  
 Huse, Mrs. Wm. Murray . . . . . 5131 N. Pennsylvania

## I-J

Irwin, Mrs. Glenn W., Jr. . . . . 5022 Graceland  
 Jaeger, Mrs. Alfred S. . . . . 3057 Washington Blvd.  
 Jaquith, Mrs. Orville S. . . . . 261 Blue Ridge Rd.  
 Jennings, Mrs. Frank . . . . . 2601 Cold Springs Rd.  
 Jewett, Mrs. Joe H. . . . . 5803 Sherman Ave.  
 Jinks, Mrs. Clifford H. . . . . 5740 Carrollton  
 Johnson, Mrs. Thomas W. . . . . 5735 Washington Blvd.  
 Jones, Mrs. Allen W. . . . . 2530 E. 58th St.  
 Jones, Mrs. David E. . . . . 646 Berkley Road  
 Joseph, Mrs. Rex M. . . . . 620 Hickory Lane  
 Jowitt, Mrs. Richard . . . . . 4060 Adams Ct. N.

## K

Kammen, Mrs. Leo . . . . . 257 W. 46th  
 Keenan, Mrs. George . . . . . 2015 E. Thompson Rd.  
 Keenan, Mrs. Reid L. . . . . 3702 N. Delaware  
 Keever, Mrs. Charles H., Sr. . . . . 5226 College Ave.  
 Keiser, Mrs. V. D. . . . . 5709 Broadway  
 Kelly, Mrs. Walter F. . . . . 6845 E. Pleasant Run Pkwy.  
 Kennedy, Mrs. Hunter . . . . . 757 N. Bolton  
 Kennedy, Mrs. Joseph T. . . . . 5928 Village Plaza, N. Dr.  
 Kerr, Mrs. Harry R. . . . . 5774 Washington Blvd.  
 Kilgore, Mrs. Byron W. . . . . 2002 E. 62nd St.  
 King, Mrs. Harold K. . . . . 4485 Marcy Lane, Apt. 219  
 Kingsbury, Mrs. John K. . . . . 5776 E. Michigan  
 Kirklín, Mrs. Oren L. . . . . 8005 Englewood Rd.  
 Kirtley, Mrs. Wm. R. . . . . 730 E. 73rd  
 Kiser, Mrs. Edgar F. . . . . 5610 Central  
 Kitterman, Mrs. Harry E. . . . . 5108 Graceland  
 Klain, Mrs. Benjamin V. . . . . 5775 Central  
 Knowles, Mrs. Charles Y. . . . . 4340 Glencairn Lane  
 Knowles, Mrs. Robert P. . . . . 7435 Central Ave.  
 Kohlstaedt, Mrs. Kenneth G. . . . . 645 E. 80th  
 Kooker, Mrs. J. E. . . . . 3540 Watson Road  
 Koons, Mrs. Karl M. . . . . 5767 N. Pennsylvania  
 Kornafel, Mrs. L. H. . . . . 6201 College  
 Kuntz, Mrs. Herman W. . . . . 2065 Lick Creek Drive  
 Kurtz, Mrs. Philip L. . . . . 6841 Willow Rd.  
 Kwitney, Mrs. I. J. . . . . 5774 Broadway Terrace

## L

LaDine, Mrs. Clarence B. . . . . 4221 E. 35th  
 Lamb, Mrs. Emmett B. . . . . 1180 Golden Hill Dr.  
 Lamb, Mrs. Russell W. . . . . 4636 N. Capitol  
 Lamber, Mrs. Chet K. . . . . 1501 East 39th St., Apt. 3  
 Landis, Mrs. Charles W. . . . . 2445 Walker Avenue  
 Laramore, Mrs. Ward . . . . . 5835 N. Keystone  
 Lawler, Mrs. George F. . . . . 5601 E. St. Clair  
 Leasure, Mrs. J. Kent . . . . . 3115 N. Meridian  
 Leffel, Mrs. James M., Jr. . . . . 1140 West 46th Street  
 Leffler, Mrs. W. T. . . . . 250 E. 70th St.  
 LeMaster, Mrs. Theodore . . . . . 2621 E. 58th, N. Dr.  
 Levi, Mrs. Leon . . . . . 402 W. Hampton Dr.  
 Lewis, Mrs. Robert J. . . . . 5800 Lawrence Dr.  
 Lichtenberg, Mrs. Melvin . . . . . 5677 N. Meridian



Lingeman, Mrs. R. E. .... 3845 N. Meridian  
 Little, Mrs. Wm. J. .... 6215 Parker  
 Lochry, Mrs. Ralph L. .... 6150 Crows Nest Dr.  
 Lord, Mrs. Glenn C. .... 4455 Washington Blvd.  
 Love, Mrs. George N. .... 1644 N. Delaware  
 Ludwig, Mrs. Oscar D. .... 5433 Madison  
 Lurie, Mrs. Paul R. .... 3157 Washington Blvd.  
 Luros, Mrs. J. Theodore. .... 5275 N. Capitol  
 Lybrook, Mrs. William B.  
     4585 Kessler Blvd., E. Dr.

## M

McBride, Mrs. James S. .... 720 E. 80th St.  
 McCartney, Mrs. Donald H. .... 3335 College Ave.  
 McClain, Mrs. Edwin S. .... 550 W. 77th St., N. Dr.  
 McDevitt, Mrs. Daniel R. .... 8710 Washington Blvd.  
 McGrath, Mrs. Michael F. .... 6183 Washington Blvd.  
 McGuff, Mrs. Paul ..... 3668 Central Ave.  
 McQuiston, Mrs. Ralph J. .... 6120 Lawrence Dr.  
 McTurnan, Mrs. Robert W. .... 6967 Central  
 MacGregor, Mrs. Donald E. .... 6080 N. Michigan Rd.  
 Mackey, Mrs. John E. .... 629 E. 32nd  
 Madden, Mrs. Robert J. .... 1543 N. Euclid Ave.  
 Manalan, Mrs. M. M. .... 3007 E. 39th, No. 60  
 Manders, Mrs. Karl L. .... 215 E. 71st Street  
 Manion, Mrs. Marlow W. .... 5132 N. New Jersey  
 Mann, Mrs. Mortimer ..... 28 E. 55th  
 Marsh, Mrs. Carl M. .... 2622 N. Alabama  
 Marshall, Mrs. Albert L., Jr. .... 4149 Central Ave.  
 Marshall, Mrs. Cavins R. .... 4162 N. Meridian  
 Martin, Mrs. Loren H. .... 5338 Washington Blvd.  
 Martz, Mrs. Carl D. .... 4571 Fall Creek Blvd., S. Dr.  
 Masters, Mrs. John M. .... 34 E. 46th  
 Matthew, Mrs. W. Burleigh  
     3462 E. Fall Creek Blvd., N. Dr.

Matthews, Mrs. William ..... 1122 N. Bolton Ave.  
 Megenhardt, Mrs. Dennis. .... 3038 E. Fall Creek Blvd.  
 Meiks, Mrs. Lyman T. .... 4203 N. Pennsylvania St.  
 Mericle, Mrs. Earl W. .... 4480 N. Meridian  
 Merrell, Mrs. Paul ..... 5367 Kenwood  
 Mertz, Mrs. John H. O. .... 5950 Central Ave.  
 Miller, Mrs. John D. .... Sunnyside Sanatorium  
 Miller, Mrs. Roscoe E. .... R. R. #17, Box 503  
 Mitchell, Mrs. Earl H. .... 2263 E. Riverside Dr.  
 Mitchell, Mrs. Edward O. .... 6144 N. Dearborn St.  
 Moenning, Mrs. Walter P. .... 7030 N. Pennsylvania  
 Molt, Mrs. William F. .... 2315 N. Talbot  
 Montgomery, Mrs. William F. .... 4546 Park  
 Moore, Mrs. Ben B. .... 5005 N. Illinois  
 Moore, Mrs. Donald F. .... 1315 West 10th Street  
 Moore, Mrs. Harold T. .... 5802 Allisonville Rd.  
 Morchan, Mrs. Samuel ..... 7007 Broadway  
 Morrison, Mrs. Lewis E., II. .... 4450 Park Ave.  
 Morton, Mrs. Joseph L. .... 3222 W. 42nd Street  
 Morton, Mrs. Walter P.  
     3434 E. Fall Creek Blvd., N. Dr.

Moser, Mrs. Rollin H. .... 6220 Sunset Lane  
 Mothersill, Mrs. Mark H. .... 3650 College Avenue  
 Muller, Mrs. L. P. .... 5608 College Ave.  
 Muller, Mrs. Paul F. .... 4050 Washington Blvd.  
 Myers, Mrs. Roy V. .... 4450 E. Kessler Blvd.

## N

Nafe, Mrs. Cleon A. .... 5060 N. Meridian  
 Nagan, Mrs. Robert F. .... 3902 Devon Dr.  
 Nay, Mrs. Richard M. .... 5525 N. Meridian  
 Need, Mrs. Louis T. .... 3627 Bluff Rd.  
 Nester, Miss Lena Laura. .... 2832 N. Capitol  
 Nicholas, Mrs. Dennis. .... 4623 Carrollton  
 Nie, Mrs. Louis W. .... 4305 Central  
 Noble, Mrs. Thomas B., Jr. .... 5556 N. Meridian  
 Nolting, Mrs. Henry F. .... 155 W. Hampton Dr.  
 Norris, Mrs. Max S. .... 540 E. 36th  
 Nourse, Mrs. Myron ..... 8064 Morningside Dr.  
 Nugent, Mrs. Edwin J. .... 6840 N. Delaware St.  
 Nurnberger, Mrs. John I. .... 909 E. 38th Street

## O

O'Brian, Mrs. Earl J. .... 3425 West 57th Street  
 Ochsner, Mrs. Harold C. .... 4565 Cold Spring Road

Offutt, Mrs. Andrew C. .... 750 N. Campbell  
 Olson, Mrs. John R. .... 6028 Winnpenny Lane  
 Olvey, Mrs. Ottis N. .... 5428 Central Ave.  
 Otten, Mrs. Claude F. .... 5222 Washington Blvd.  
 Owen, Mrs. John E. .... 4429 N. Illinois  
 Owens, Mrs. Tracy ..... 2823 N. Meridian

## P

Pandolfo, Mrs. Harry ..... 529 Markwood  
 Parr, Mrs. Robert L. .... 5368 Winthrop Ave.  
 Patton, Mrs. Martin T. .... 3060 N. Meridian, Apt. 504  
 Paulissen, Mrs. George T. .... 741 Markwood  
 Paynter, Mrs. Morris B. .... 115 Roberts Rd.  
 Pearson, Mrs. Lyman R. .... Marott Hotel, No. 624  
 Peabworth, Mrs. A. C. .... 2445 East Riverside Drive  
 Peck, Mrs. Franklin B. .... 3060 N. Meridian, No. 401  
 Peck, Mrs. Franklin B., Jr. .... 409 East 43rd Street  
 Peirce, Mrs. James D. .... 3159 N. Pennsylvania St.  
 Pennington, Mrs. Walter E. .... 4420 N. Meridian  
 Perlov, Mrs. S. H. .... 8650 Washington Blvd.  
 Permer, Mrs. Erwin ..... 5590 Grandview  
 Peters, Mrs. Robert J. D. .... 3203 E. Michigan  
 Petranoff, Mrs. T. V. .... 2814 Questend St.  
 Pickett, Mrs. Robert D. .... 129 W. 41st St.  
 Pilcher, Mrs. Jack E. .... 4601 Graceland Ave.  
 Popplewell, Mrs. A. G. .... Sunnyside Sanatorium  
 Price, Mrs. Francis W. .... 550 East Edgewood Ave.  
 Price, Mrs. James O. .... 7015 College Ave.  
 Pryor, Mrs. Richard ..... 6134 Carrollton

## R

Raber, Mrs. Robert M. .... 6036 Haverford  
 Rader, Mrs. George S. .... 3778 E. 62nd  
 Ramsey, Mrs. Frank B. .... 1401 W. 52nd St.  
 Reed, Mrs. Phillip B. .... 4131 N. Meridian  
 Rees, Mrs. Russell C.

926 Ellenberger Pkwy., W. Dr.  
 Reid, Mrs. Charles A. .... 6506 Madison Ave.  
 Rice, Mrs. Frederick A., Jr. .... 5802 E. 46th St.  
 Rice, Mrs. Raymond M. .... 7799 E. Holliday Drive  
 Richardson, Mrs. Thad T. .... 6126 E. St. Joseph St.  
 Ricketts, Mrs. Joseph W. .... 7447 Holliday Dr. E.  
 Rigg, Mrs. John F. .... 5115 N. Meridian  
 Robb, Mrs. John A. .... 5151 N. Pennsylvania  
 Rogers, Mrs. Donald L. .... 3031 N. Centennial  
 Rohn, Mrs. Robert J. .... 3740 Forest Manor Ave.  
 Roll, Mrs. John W. .... 4407 Eastbourne Drive  
 Roller, Mrs. Charles W. .... 2301 Garfield Dr.  
 Romberger, Mrs. Floyd T., Jr. .... 370 W. 52nd  
 Rosenak, Mrs. Bernard D. .... 5254 N. Delaware  
 Rosenbaum, Mrs. David ..... 3930 Broadway  
 Ross, Mrs. Alexander T. .... 265 W. Westfield Blvd.  
 Row, Mrs. D. Hamilton .... 5214 Grandview Drive  
 Ruddell, Mrs. Karl R. .... 2626 N. Meridian  
 Ruddell, Mrs. Keith ..... 1201 Golden Hill Drive  
 Rudesill, Mrs. Robert L. .... 5252 N. Capitol  
 Rupel, Mrs. Ernest ..... 701 Kessler Blvd., W. Dr.  
 Rust, Mrs. Byron K. .... 8120 Sycamore Rd.  
 Rust, Mrs. R. B., Jr. .... 4175 Marcy Lane, #191  
 Ryan, Mrs. Glenn V.

3168 E. Fall Creek Pkwy., N. Dr.

## S

Sage, Mrs. Russell A. .... 8706 College Avenue  
 Salb, Mrs. Max C. .... 6741 Allisonville Rd.  
 Sanders, Mrs. Harry M. .... 4330 Forest Manor Ave.  
 Schaffer, Mrs. Edward V. .... 6168 Compton  
 Schlegel, Mrs. Donald M. .... 6123 Oakland Ave.  
 Schmidt, Mrs. Loren F. .... 2909 E. 37th St.  
 Schneider, Mrs. Carl J. .... 340 N. Kenyon  
 Schuchman, Mrs. Abe ..... 6020 Crows Nest Drive  
 Schuchman, Mrs. Gabriel ..... 5944 Central  
 Schuster, Mrs. Dwight .... 4503 Washington Blvd.  
 Scott, Mrs. George E. .... 3636 Layman  
 Scott, Mrs. John R. .... 7966 N. Illinois  
 Scott, Mrs. Robert P. .... 33 E. 55th St.  
 Seaman, Mrs. Charles F. .... 6017 Hillside Ave., E. Dr.  
 Sedam, Mrs. Herbert L. .... 6931 Central  
 Sexson, Mrs. Hiram T. .... 5455 N. Meridian



Shafer, Mrs. Marion R. . . . . 6290 Allisonville Rd.  
 Sheehan, Mrs. Francis G. . . . . R. R. 10, Box 257A  
 Shively, Mrs. John A. . . . . 5725 Oak Ave.  
 Shumaker, Mrs. H. B., Jr. . . . . 4330 Central Ave.  
 Sicks, Mrs. O. W. . . . . 5609 N. Pennsylvania  
 Sidebottom, Mrs. Earl W. . . . . 2820 W. 29th  
 Sigmond, Mrs. Harvey W. . . . . 3245 N. Pennsylvania  
 Sims, Mrs. J. Lawrence . . . . . 3723 N. Gale  
 Sluss, Mrs. David . . . . . 3657 Washington Blvd.  
 Smith, Mrs. Edward B. . . . . 3322 Guilford Ave.  
 Smith, Mrs. E. Rogers . . . . . 160 W. 47th St.  
 Smith, Mrs. Roy Lee . . . . . R. R. 6, Box 857  
 Solomon, Mrs. R. A. . . . . 5330 N. Pennsylvania  
 Soper, Mrs. Hunter A. . . . . 5321 Boulevard Place  
 Sovine, Mrs. J. W. . . . . 8182 N. Illinois  
 Spahr, Mrs. John F., Jr. . . . . 3014 Green Hills Lane, N. Dr.

Sparks, Mrs. Alan L. . . . . 4310 Central  
 Spath, Mrs. C. B., Jr. . . . . 5671 Rolling Ridge Rd.  
 Spath, Mrs. Carl B., Sr. . . . . 7860 Barlum Dr.  
 Stayton, Mrs. Chester A., Sr. . . . . 6925 N. Delaware  
 Stayton, Mrs. Chester A., Jr. . . . . 7065 Central Ave.  
 Stephens, Mrs. Kuhrman H. . . . . 5210 Boy Scout Rd.  
 Sterne, Mrs. S. Gloria . . . . . 4131 N. Meridian St.  
 Stevens, Mrs. Sydney L. . . . . 3620 Cheviot Pl.  
 Stoelting, Mrs. V. K. . . . . 4706 Laurel Circle  
 Stone, Mrs. A. T. . . . . 5727 Broadway  
 Stone, Mrs. David F. . . . . 5603 Indianola  
 Storey, Mrs. D. Edmund . . . . . 4535 Marcy Lane, Apt. 258  
 Stroup, Mrs. Tyler J. . . . . 5758 College  
 Stucky, Mrs. Elsworth K. . . . . 4528 N. Meridian  
 Sutton, Mrs. William E. . . . . 5670 Guilford  
 Swan, Mrs. John R. . . . . 320 Arden Dr.  
 Symmes, Mrs. Alfred T. . . . . 6445 N. Illinois St.

## T

Talbott, Mrs. Dan E. . . . . 6470 N. Michigan Rd.  
 Tanner, Mrs. Henry S. . . . . 4461 N. Pennsylvania  
 Taylor, Mrs. Clifford . . . . . 5938 Crittenden  
 Taylor, Mrs. Frederick W. . . . . 40 E. 43rd  
 Teague, Mrs. Frank W. . . . . R. R. #14, Box 726  
 Tether, Mrs. J. Edward . . . . . 5735 N. Pennsylvania  
 Tharpe, Mrs. Ray . . . . . 6161 Sunset Lane  
 Thatcher, Mrs. Hugh K., Jr. . . . . 408 E. 45th St.  
 Thomas, Mrs. Lowell I. . . . . 28 W. Hampton Dr.  
 Thomas, Mrs. Morris E. . . . . 5207 N. New Jersey  
 Thompson, Mrs. John V. . . . . 7899 Ridge Rd.  
 Thompson, Mrs. Wayne . . . . . 4860 Leone Drive  
 Thornburg, Mrs. K. E. . . . . 4702 Washington Blvd.  
 Thurston, Mrs. A. L. . . . . 421 E. 41st  
 Tindall, Mrs. G. T., Jr. . . . . 964 Ellenberger Pkwy., W. Dr.

Tinsley, Mrs. Walter B. . . . . 3314 Carrollton  
 Tondra, Mrs. John M. . . . . 4511 Broadway  
 Torrella, Mrs. Jose A. . . . . 5721 W. 18th  
 Toumey, Mrs. F. L. . . . . 801 E. 46th St.  
 Trusler, Mrs. Harold M. . . . . 6150 N. Pennsylvania  
 Tuchman, Mrs. Joseph H. . . . . 1154 Hawk Lane  
 Tucker, Mrs. Warren S. . . . . 5338 N. Pennsylvania

## V

Vandivier, Mrs. Robert M. . . . . 5407 N. Capitol Avenue  
 Van Meter, Mrs. C. Powell . . . . . 4102 Marrison Place  
 Van Nuys, Mrs. John D. . . . . 2120 E. Kessler Blvd.  
 VanOsdol, Mrs. Harry A. . . . . 43 Hampton Dr.  
 Van Tassel, Mrs. C. J., Jr. . . . . 5832 Washington Blvd.  
 Vollrath, Mrs. Victor J. . . . . 5202 N. Illinois  
 VonDerHaar, Mrs. Gerard . . . . . 7301 East 13th Street  
 Vore, Mrs. Robert . . . . . 3710 Cheviot Place  
 Voyles, Mrs. Charles F. . . . . 4150 N. Meridian

## W

Waldo, Mrs. J. Thayer . . . . . 8333 N. Illinois  
 Walker, Mrs. Frank C. . . . . 5563 N. Pennsylvania  
 Walther, Mrs. Joseph E. . . . . 4266 N. Pennsylvania  
 Walton, Mrs. William M. . . . . 5242 Boulevard Place  
 Warriner, Mrs. James B. . . . . 990 N. Bolton  
 Warvel, Mrs. John H. . . . . 4360 Kessler Blvd., N. Dr.  
 Weil, Mrs. Harry J. . . . . 2040 E. Michigan St.

Weinland, Mrs. George C. . . . . 4341 Central Avenue  
 West, Mrs. Joseph L. . . . . 2110 W. 38th  
 Westfall, Mrs. B. Kemper, Jr. . . . . 4001 N. Meridian  
 Westfall, Mrs. John B. . . . . 32 East 46th Street  
 Wheeler, Mrs. David E. . . . . 4520 Bertrand Road  
 White, Mrs. Donald J. . . . . 5430 N. Delaware  
 White, Mrs. John B. . . . . 6524 Lawrence Dr.  
 White, Mrs. Philip T. . . . . 3606 Lorraine Rd.  
 Wilkens, Mrs. Irvin W. . . . . 4816 Pleasant Run Pkwy.  
 Williams, Mrs. Howard S. . . . . 3824 N. Delaware  
 Williams, Mrs. Hugh . . . . . 3931 East 71st Street  
 Wilmore, Mrs. Ralph C. . . . . 6477 N. Tuxedo  
 Wilson, Mrs. Oliver R. . . . . 3519 Washington Blvd.  
 Wise, Mrs. Wm. R. . . . . 4895 Knollton Rd.  
 Wishard, Mrs. William N., Jr. . . . . 5720 N. Pennsylvania St.

Witham, Mrs. Robert L. . . . . 4904 Staughton Drive  
 Wolfram, Mrs. Don J. . . . . 5716 N. Pennsylvania  
 Woolling, Mrs. Kenneth R. . . . . 5303 Boulevard Pl.  
 Worley, Mrs. J. P. . . . . 6797 E. 10th St.  
 Wrege, Mrs. Malcolm . . . . . 6505 Riverview Dr.  
 Wright, Mrs. J. Wm., Jr. . . . . 2115 Wilshire Road  
 Wytttenbach, Mrs. John E. . . . . 5509 Kenwood

## Y-Z

Young, Mrs. James W. . . . . 440 E. 71st  
 Young, Mrs. John E. . . . . 9350 Washington Blvd.  
 Young, Mrs. John M. . . . . 4535 Marcy Lane, No. 261

## New Augusta

Asher, Mrs. Ernest O. . . . . Box 4  
 Asher, Mrs. James W. . . . . 8461 Moore Rd.  
 Spivey, Mrs. Russell J. . . . . R. R. 1, Box 542

Link, Mrs. Goethe . . . . . R. R. #6, Box 152, Martinsville  
 Henry, Mrs. Russell S. . . . . 4367 Lincoln Road, Noblesville

Jones, Mrs. George L. . . . . Wanamaker  
 Abreu, Mrs. Benedict E. . . . . 9300 Moore Rd., R. R. 2, Zionsville

## MARSHALL COUNTY

Hampton, Mrs. James . . . . . Argos  
 Graham, Mrs. C. R. . . . . Bourbon  
 Bowen, Mrs. Otis R. . . . . N. Center St., Bremen  
 Burkett, Mrs. Cecil . . . . . Grant St., Bremen  
 Stine, Mrs. Marshall . . . . . 304 W. Grant, Bremen  
 Norris, Mrs. Ernest B. . . . . Culver  
 Reed, Mrs. Donald . . . . . Lakefront & Mill, Culver

## Plymouth

Coursey, Mrs. James . . . . . Plum Street  
 Klingler, Mrs. M. O. . . . . 1111 Ferndale Ave.  
 Kubley, Mrs. James . . . . . 624 E. LaPorte St.  
 Pomeroy, Mrs. Rex . . . . . 1400 Park Ave.  
 Reed, Mrs. Robert G. . . . . 109 Baker  
 Rimel, Mrs. James F. . . . . 805 Pennsylvania St.  
 Robertson, Mrs. James . . . . . 1010 Ferndale Ave.  
 Vore, Mrs. Loring W. . . . . 1301 N. Michigan St.

## MIAMI COUNTY

Line, Mrs. Homer . . . . . Chili  
 Sennett, Mrs. W. K. . . . . Macy  
 Waite, Miss Carrie . . . . . Macy  
 Waite, Miss Margaret . . . . . Macy  
 Rendel, Mrs. H. E. . . . . Mexico

## Peru

Carl, Mrs. Clara . . . . . 128 W. 3rd Street  
 Barnett, Helen . . . . . 109 W. Seventh  
 Damiani, Mrs. P. G. . . . . 159 W. Sixth  
 Eikenberry, Mrs. B. F. . . . . 28 W. 6th Street  
 Freeze, Mrs. J. A. . . . . 212 E. Main Street  
 Herd, Mrs. C. R. . . . . 105 E. 5th St.  
 Johnson, Mrs. O. B. . . . . 106 W. 6th Street  
 Malouf, Mrs. S. D. . . . . 359 W. Third  
 Wagner, Mrs. Sarah . . . . . R. R. 4  
 Wildman, Mrs. R. E. . . . . R. R. 2  
 Yarling, Mrs. Francis . . . . . 117 E. Fifth



**MONTGOMERY COUNTY****Crawfordsville**

Burks, Mrs. Jess E. .... 512 W. Wabash Ave.  
 Cooksey, Mrs. Thomas L. .... 205 Marshall  
 Daugherty, Mrs. Fred N. .... 415 W. Main  
 Eggers, Mrs. Richard R. .... 411 S. Walnut St.  
 Haller, Mrs. Thomas C. .... 508 W. Main  
 Humphreys, Mrs. John W. .... 206 Woodlawn  
 Kinnaman, Mrs. Howard A. .... R. R. 6, Darlington Rd.

Kirtley, Mrs. James N. .... 615 Thornwood Road  
 Lingeman, Mrs. Byron J. .... 203 Wallace  
 Mount, Mrs. William M. .... 1417 W. Main  
 Peacock, Mrs. Norman F. .... 107 Vernon Court  
 Pierson, Mrs. Robert H. .... 305 E. Main  
 Shannon, Mrs. Wesley E. .... 507 Russel Ave.  
 Sharp, Mrs. John L. .... 1403 E. Main  
 Wallace, Mrs. Hawthorne C. .... 107 W. Jefferson

Otten, Mrs. Ralph R. .... Darlington  
 Priebe, Mrs. Fred. .... Hillsboro  
 Smith, Mrs. Byron J. .... Kingman  
 Blix, Mrs. Fred. .... Ladoga  
 Denny, Mrs. Frank T. .... Ladoga  
 Wong, Mrs. Norman. .... Linden  
 Davis, Mrs. William H. .... New Market  
 Kindell, Mrs. Herschel D. .... New Richmond  
 Richards, Mrs. Edgar E. .... Russellville  
 Rusk, Mrs. Hubert M. .... Wallace  
 Johnson, Mrs. Dale. .... Waynetown  
 Parker, Mrs. Carl B. .... Wingate

**MORGAN COUNTY****Martinsville**

Eisenberg, Mrs. David. .... 340 E. Cunningham  
 Gray, Mrs. Leon. .... 260 N. Ohio  
 Pitkin, Mrs. Edward. .... 309 Washington  
 Pitkin, Mrs. McKendree C. .... 440 E. Washington  
 Sweet, Mrs. Austin. .... 260 N. Wayne  
 Taylor, Mrs. L. F. .... 339 N. St. Clair  
 Van Wienan, Mrs. John. .... 189 S. Jefferson  
 Willan, Mrs. Horace R. .... 109 S. Jefferson

**Mooresville**

Bivin, Mrs. J. H. .... R. R. #2  
 Comer, Mrs. C. W. .... R. R. 2  
 Comer, Mrs. Kenneth. .... R. R. 2

Murphy, Mrs. M. G. .... Morgantown

**NORTHEASTERN ACADEMY**

Bowman, Mrs. Charles M. .... Albion  
 Nash, Mrs. Justin R. .... Albion  
 Barton, Mrs. Robert. .... Angola  
 Cameron, Mrs. Don. .... Angola  
 Rogers, Mrs. E. E. .... Auburn  
 Mattmiller, Mrs. E. Dale. .... Avilla  
 Sneary, Mrs. Kenneth D. .... Avilla  
 Hathaway, Mrs. Clayton. .... Butler  
 Weirich, Mrs. Charles I. .... Butler  
 Jinnings, Mrs. Loren E. .... Garrett  
 Kantzer, Mrs. Floyd B. .... Garrett  
 Novy, Mrs. Charles. .... Garrett  
 Reynolds, Mrs. D. Monroe. .... Garrett  
 Reynolds, Mrs. Russel P. .... Garrett  
 Gutstein, Mrs. Richard R. .... Kendallville  
 Hardy, Mrs. F. C. .... Kendallville  
 Hepner, Mrs. Herman. .... Kendallville  
 Lawson, Mrs. Isaac H. .... Kendallville  
 Messer, Mrs. Frank. .... Kendallville  
 Munk, Mrs. Cleorie E. .... Kendallville  
 Seybert, Mrs. Joseph D. .... Kendallville  
 Slough, Mrs. Thomas. .... Kendallville  
 Stallman, Mrs. Carl. .... Kendallville  
 Williams, Mrs. Harold O. .... Kendallville  
 Alford, Mrs. James. .... Hamilton  
 Schrepferman, Mrs. Wayne. .... Hamilton  
 Wade, Mrs. Alfred A. .... Howe

Studebaker, Mrs. Lloyd. .... LaGrange  
 Stultz, Mrs. Quentin F. .... Ligonier  
 Webster, Mrs. Paul. .... Ligonier  
 Fipp, Mrs. August L. .... Rome City  
 Williams, Mrs. John H. .... Shipshewana  
 Lehman, Mrs. Kenneth. .... Topeka  
 Coleman, Mrs. Floyd. .... Waterloo  
 Showalter, Mrs. John P. .... Waterloo  
 Luckey, Mrs. Robert. .... Wolf Lake

**ORANGE-WASHINGTON COUNTIES**

Tower, Mrs. T. Kermit. .... Campbellsburg  
 Paynter, Mrs. William T. .... Pekin  
 Baker, Mrs. Robert E. .... Orleans  
 Hodgins, Mrs. Phillip T. .... Orleans  
 Schoolfield, Mrs. W. E. .... Orleans  
 Clark, Mrs. Ivan. .... Paoli  
 Hammond, Mrs. Keith. .... Paoli  
 Spears, Mrs. John K. .... Paoli  
 Apple, Mrs. E. R. .... Salem  
 Fultz, Mrs. Roy L. .... Salem  
 Gilliatt, Mrs. James P. .... Salem  
 Huckleberry, Mrs. Irvin E. .... Salem  
 Mitchell, Mrs. J. I. .... Salem  
 Paynter, Mrs. L. W. .... Salem

**OWEN-MONROE COUNTIES****Bloomington**

Borland, Mrs. Ray. .... Moores Pike  
 Buckingham, Mrs. Richard E. .... 705 S. Fess  
 Creek, Mrs. Jean A. .... Bloomfield Road  
 Estes, Mrs. Ambrose. .... 701 Highland Ave.  
 Fowler, Mrs. Ross. .... 709 Anita  
 Geiger, Mrs. Dillon. .... N. Fee Lane  
 Hardtke, Mrs. Eldred F. .... 1400 Pickwick Place  
 Hepner, Mrs. T. S. .... 302 E. 7th St.  
 Holland, Mrs. D. J. .... 1100 Atwater  
 Holland, Mrs. Philip. .... 1001 S. Jordon Ave.  
 Holtzman, Mrs. Paul W. .... 1203 Pickwick Pl.  
 Karsell, Mrs. Wm. A. .... 700 Highland  
 Lundblad, Mrs. W. M. .... 400 East Side Dr.  
 Lyons, Mrs. Robert. .... S. Walnut Rd.  
 Marchant, Mrs. Clarence. .... 350 S. College  
 McIntire, Mrs. C. R. .... 1211 Glendora Drive  
 Middleton, Mrs. Thomas O. .... 210 Gilbert  
 Poolitsan, Mrs. George. .... 619 E. Ninth  
 Ramsey, Mrs. Hugh S. .... 619 E. 1st St.  
 Reed, Mrs. William C. .... 1215 Atwater Ave.  
 Rieger, Mrs. I. Taylor. .... 1319 E. 1st St.  
 Rogers, Mrs. Floyd. .... 804 E. 8th St.  
 Rollins, Mrs. Thomas. .... 815 S. Rose  
 Ross, Mrs. Ben. .... 314 E. Seventh St.  
 Schell, Mrs. H. D. .... 1401 Maxwell Lane  
 Sibbitt, Mrs. J. W. .... 818 Sheridan Drive  
 Smith, Mrs. Herschel. .... 200 Glendora Drive  
 Smith, Mrs. Paul E. .... 812 N. College Ave.  
 Spencer, Mrs. Beaufort A. .... 712 E. Eighth St.  
 Stangle, Mrs. William. .... 1818 E. Third  
 Thomas, Mrs. Harry B. .... 129 S. Union St.  
 Topoligus, Mrs. James. .... 1015 Atwater  
 Wilson, Mrs. T. L. .... Bender Road  
 Winters, Mrs. Matthew. .... 407 N. Park Ave.

Stouder, Mrs. Charles E. .... Ellettsville Road, Bloomington  
 Baxter, Mrs. Neal E. .... Nashville  
 Blackwell, Mrs. Donald. .... 207 W. Hillside Ave.,  
 Spencer

**PARKE-VERMILLION COUNTIES****Clinton**

Casebeer, Mrs. P. B. .... 844 S. Fourth  
 Evans, Mrs. F. J. .... 1315 S. Main  
 Gerrish, Mrs. W. D. .... 125 S. Main  
 Herzberg, Mrs. Milton. .... 545 S. Fourth  
 Kercheval, Mrs. J. M. .... Box 192  
 Pickett, Mrs. Paul. .... 1257 S. Main St.



White, Mrs. I. D.....Hazel Bluff Farm

Britton, Mrs. W. D.....Montezuma  
DeRenne, Mrs. W. L.....Newport  
Saunders, Mrs. J. L.....Newport  
Johnson, Mrs. W. A.....Perrysville

**Rockville**

Bloomer, Mrs. J. R.....115 N. Market  
Bloomer, Mrs. R. S.....502 W. York  
Dowell, Mrs. Emil H.....708 W. Ohio St.  
Harstad, Mrs. C.....515 W. High  
Kempf, Mrs. Gerald F.....Ind. State Sanitarium  
Merrell, Mrs. Basil M.....516 S. Market St.  
Pace, Mrs. J. V.....Indiana State Sanitarium  
Pirkle, Mrs. H. B.....Indiana State Sanitarium

**PERRY-SPENCER COUNTIES**

Bush, Mrs. Hargis R.....Sixth St., Cannelton  
Glackman, Mrs. John C.....207 Center St., Rockport

**Tell City**

Coultas, Mrs. P. J.....809 Main  
Dukes, Mrs. David A.....521 Main  
Glenn, Mrs. F. C.....436 Main  
Herr, Mrs. John W.....Boyd Road  
James, Mrs. John Mark.....26 11th St.  
James, Mrs. N. A.....740 Ninth St.  
Lally, Mrs. B. V.....918 Main Street  
Lashley, Mrs. D. L.....606 Ninth  
Lohoff, Mrs. Lewis C.....425 10th St.  
Neifert, Mrs. Noel L.....1118 Blum  
Smith, Mrs. Fred, Jr.....1407 12th Street

Snyder, Mrs. E. R.....Troy

**PORTER COUNTY**

**Chesterton**

Ashmore, Mrs. Herbert C.....317 Bowser  
Hall, Mrs. Thomas.....Dune Acres  
Harless, Mrs. C. M.....123 W. Indiana Ave.  
Reed, Mrs. John E.....Wilson St.  
Robertson, Mrs. W. C.....600 E. Morgan

**Valparaiso**

Brown, Mrs. J. C.....458 Park Ave.  
Covey, Mrs. Thomas.....1308 Parkside  
Davis, Mrs. Carl.....202 Indiana  
DeGrazia, Mrs. E. J.....410 Washington  
DeWitt, Mrs. Charles H.....836 LaPorte Ave.  
Douglas, Mrs. George R.....404 Washington  
Eades, Mrs. Ralph.....203 Jefferson  
Frank, Mrs. John R.....303 Indiana  
Green, Mrs. Leonard.....1808 Napoleon St.  
LaRocca, Mrs. Joseph.....402 Erie  
Makovsky, Mrs. Theodore.....902 Jefferson  
Milroy, Mrs. Robert.....157 McIntyre  
O'Neill, Mrs. Martin J.....301 Washington  
Poncher, Mrs. Henry.....207 Washington  
Seipel, Mrs. Herman O.....302 Lafayette  
Stoltz, Mrs. Robert.....501 Lincolnway  
Vietzke, Mrs. Paul.....102 Lafayette

**PUTNAM COUNTY**

Veach, Mrs. Lester W.....Bainbridge  
Veach, Mrs. Richard L.....Bainbridge  
Gray, Mrs. Clyde.....Cloverdale

**Greencastle**

Dettloff, Mrs. Frederick R.....Highfall Ave.  
Fuson, Mrs. W. J.....108 Northwood Blvd.  
Johnson, Mrs. James B.....314 Highfall Ave.  
McNichols, Mrs. Edward.....502 E. Hanna  
Rhea, Mrs. Gilbert D.....126 E. Washington  
Schauwecker, Mrs. Cleon M.....613 Ridge Ave.  
Steele, Mrs. Dick J.....207 Northwood Blvd.  
Tennis, Mrs. George T.....602 S. Jackson  
Tipton, Mrs. William R.....103 Northwood Blvd.  
Wiseman, Mrs. V. Earle.....6 Durham

**RANDOLPH COUNTY**

**Farmland**

Nixon, Mrs. Bryon.....N. Main  
White, Mrs. Harvey E.....S. Main  
Potter, Mrs. Richard M.....120 Walnut, Ridgeville

**Union City**

Chambers, Mrs. Leroy B.....800 N. Columbus  
Matheus, Mrs. Charles G.....431 N. Walnut St.  
Phipps, Mrs. Leland K.....516 N. Howard  
Reid, Mrs. Robert W.....706 W. Division  
Rothermel, Mrs. Harold.....504 N. High St.  
Wagoner, Mrs. B. D.....701 W. Division

Shallenberger, Mrs. H. R.....Modoc

**Winchester**

Brenner, Mrs. Andrew M.....213 S. East  
Dininger, Mrs. W. S.....303 S. Main  
Engle, Mrs. Russell B.....R. R. 2  
Hannah, Mrs. Charles W.....544 W. Franklin  
Koch, Mrs. Howard W.....208 E. Washington St.  
Painter, Mrs. Lowell W.....507 S. Main  
Slick, Mrs. C. R.....512 S. Oak Street  
Sparks, Mrs. Paul W.....601 W. Will  
Spitler, Mrs. C. A.....R. R. #4

**RIPLEY COUNTY**

Hisrich, Mrs. L. W.

**Maplewood & Henry, Batesville**

Aldred, Mrs. Allen W.....Milan  
Conrad, Mrs. Henry W.....Milan  
Frable, Mrs. Frank L., Jr.....Milan  
Hunter, Mrs. G. L.....Milan  
Row, Mrs. George.....Osgood  
Smith, Mrs. Lee R.....Osgood  
McConnell, Mrs. William.....Sunman  
Moran, Mrs. N. D.....Versailles

**RUSH COUNTY**

McNabb, Mrs. George.....Carthage  
McNabb, Mrs. Richard.....Carthage  
Worth, Mrs. C. Willard.....Milroy

**Rushville**

Atkins, Mrs. C. C.....410 N. Perkins  
Corpe, Mrs. Kenneth F.....R. R. 4  
Deerhake, Mrs. Mabel.....235½ W. 3rd St.  
Denny, Mrs. Melvin.....R. R. #1  
Ellis, Mrs. Davis.....721 N. Perkin  
Green, Mrs. Frank.....516 N. Morgan  
Hoover, Mrs. Eugene.....235½ W. Third  
Johnson, Mrs. Robert I.....841 N. Harrison  
Kiplinger, Mrs. J. R.....1004 N. Main St.  
Lee, Mrs. John.....914 N. Morgan  
Norris, Mrs. Marvin.....1107 N. Main St.  
Shanks, Mrs. Roy E.....1110 N. Morgan

**SHELBY COUNTY**

Nigh, Mrs. R. M.....Fairland  
Davis, Mrs. John A.....Flat Rock

**Shelbyville**

Alden, Mrs. John O.....112 W. Mechanic St.  
Barnum, Mrs. Emerson.....310 Howard St.  
Dalton, Mrs. Wilson L.....401 Sunset Dr.  
Gehres, Mrs. Robert W.....610 Shelby  
Grove, Mrs. E. G.....242 W. Broadway  
Inlow, Mrs. C. Fred.....630 S. Harrison  
Inlow, Mrs. Herbert H.....212 N. Harrison  
Inlow, Mrs. W. D.....Spring Hill Rd.  
McFadden, Marian.....28 W. Mechanic St.  
McFadden, Mrs. Walter C.....28 W. Mechanic  
Miller, Mrs. R. C.....17 W. Mechanic  
Phares, Miss Frances.....408 S. Harrison  
Richard, Mrs. Norman F.....45 W. Washington  
Scott, Mrs. V. B.....R. R. 2  
Silbert, Mrs. David B.....1100 Fairfield Drive



Spindler, Mrs. Robert D. .... 165 W. Mechanic  
Tindall, Mrs. Paul R. .... 164 W. Franklin  
Tindall, Mrs. W. R. .... 616 S. Harrison  
Tower, Mrs. James H., Jr. .... 1018 S. West Street  
Whitcomb, Mrs. Roger F. .... 413 W. South

### STARKE COUNTY

De Naut, Mrs. James. .... 4 N. Heaton, Knox  
Henry, Mrs. Howard. 308 W. New York St., Knox  
Ingwell, Mrs. Guy. .... 201 S. Heaton St., Knox  
McClure, Mrs. Clark. .... R. R. No. 1, Knox  
Matthew, Mrs. J. Robert  
516 Keller, North Judson

### ST. JOSEPH COUNTY

Thornton, Mrs. M. J. .... R. R. 2, Bremen

#### Mishawaka

Backs, Mrs. Mark Francis. .... 60180 Bremen Hwy.  
Cline, Mrs. Kenneth L. .... R. R. No. 2, Ireland Trail  
Fujawa, Mrs. M. J. .... 721 Lincoln Way E.  
Martin, Mrs. Chas. F., Jr. .... 2125 Linden Ave.  
Barone, Mrs. C. V. .... 59053 Bremen Highway  
Ganser, Mrs. Richard A. .... 1020 Wilson Blvd.  
Goethals, Mrs. C. J. .... 602 Lincolnway W.  
McDonald, Mrs. R. M. .... 12252 E. Jefferson Road  
Orr, Mrs. W. Robert. .... 1335 Prospect Dr.  
Proudfit, Mrs. C. H. .... R. R. 2, Ireland Trail  
Reed, Mrs. Robert. .... 213 Downey Street  
Rosenwasser, Mrs. Jacob. .... 415 Indiana Avenue  
Sirlin, Mrs. Edward M. .... R. R. 19, E. Jefferson Rd.  
Spalding, Mrs. Wendell L. .... R. R. #2, Fir Road  
Templeton, Mrs. Ames R. .... 522 Calhoun  
Walters, Mrs. Charles E. .... R. R. 2, Ireland Rd.  
Whitlock, Mrs. Francis. .... 304 Lincoln Way E.  
Whitlock, Mrs. Merle E. .... R. R. #2, Chandler Blvd.  
Wurster, Mrs. H. C. .... 221 E. Third  
Wygant, Mrs. M. D. .... R. R. #1, Capitol Ave.  
Wyland, Mrs. B. J. .... 510 Calhoun  
Zimmer, Mrs. H. J. .... 333 Edgewater Dr.

Bassler, Mrs. C. R. .... R. R. 4, Niles, Mich.  
Houser, Mrs. D. S. .... R. R. 2, Box 167, North Liberty

#### South Bend

##### A

Acker, Mrs. Robert B. .... 103 S. Ironwood  
Arisman, Mrs. R. K. .... 1615 E. Colfax

##### B

Backs, Mrs. Alton J. .... 1953 Inglewood Place  
Balla, Mrs. Morris. .... 1516 E. Wayne  
Baran, Mrs. Charles. .... 1430 E. Wayne  
Bartsch, Mrs. Harvey L. .... 1330 E. Victoria  
Bechtold, Mrs. S. E. .... 313 Pendle  
Bell, Mrs. H. D. .... 1046 Georgiana St.  
Bennett, Mrs. Jene R. .... 1826 E. Jefferson Blvd.  
Berke, Mrs. Robert D. .... 2510 Erskine Blvd.  
Biasini, Mrs. B. A. .... 19585 Glendale Road  
Bickel, Mrs. David A. .... 1335 E. Wayne St.  
Birmingham, Mrs. P. J. .... 1126 E. Irvington  
Bishop, Mrs. C. Allen. .... 1301 Garland Rd.  
Bixler, Mrs. Louis C. .... 1817 Portage  
Blackburn, Mrs. Erwin. .... 1340 E. Madison Ave.  
Bodnar, Mrs. Leslie J. .... 1843 Portage Ave.  
Bryan, Mrs. Robert J. .... 604 E. Ewing  
Buchanan, Mrs. Wallace D. .... 1326 E. Wayne St., N.  
Buechner, Mrs. Fred W. .... 603 W. Marion  
Bussard, Mrs. C. F. .... 329 W. Madison  
Bussard, Mrs. Frank. .... 510 S. Sunnyside Ave.  
Butts, Mrs. Milton. .... 118 N. Walnut St.

##### C

Carter, Mrs. F. R. N. .... 2000 E. Jefferson Blvd.  
Cassaday, Mrs. J. V. .... 2216 E. Madison  
Chamblee, Mrs. R. W. .... 1435 Corby Blvd.  
Clark, Mrs. Stanley A. .... 1242 E. Jefferson Blvd.  
Clark, Mrs. W. H. .... 1336 E. Wayne, No.  
Colip, Mrs. George D. .... 300 David  
Condit, Mrs. D. H. .... 1521 E. Wayne

Cook, Mrs. Gordon C. .... 1620 Southwood Ave.  
Custer, Mrs. Edward W. .... 52383 Laurel Road

##### D

Denham, Mrs. Robert H. .... 1429 E. Wayne  
Dietl, Mrs. Ernest L.

R. R. 2, Box 491, Country Club Rd.

Dodd, Mrs. Robert D. .... 1510 Tudor Lane  
Dolezal, Mrs. Bernard J. .... 815 Park Ave.  
Donnelly, Mrs. Everett R. R. 6, Box 51B, Miami Rd.  
Duggan, Mrs. James A. .... 110 Peashway  
Dunlap, Mrs. D. Logan. .... 123 North Shore Dr.

##### E

Eades, Mrs. R. Charles. .... 2901 Miami Street  
Ebin, Mrs. J. L. .... 1223 N. Lawrence  
Edwards, Mrs. Bernard E. .... 1341 E. Wayne  
Egan, Mrs. Sherman L. .... 944 Riverside Dr.  
English, Mrs. J. Paul. .... 3116 Robinhood Lane  
Erickson, Mrs. G. Walter. .... 217 Wildmere Dr.  
Erickson, Mrs. L. G. .... 1212 E. Woodside

##### F

Farner, Mrs. James. .... 1335 Leeper Ave.  
Feldman, Mrs. Max. .... 702 N. Lafayette Blvd.  
Filipek, Mrs. Walter. .... 2513 Lincoln Way West  
Firestein, Mrs. Ben Z. .... 125 W. Marion Street  
Firestein, Mrs. Ray. .... 502 N. Ironwood Drive  
Fish, Mrs. Edson C. .... 19054 Summers Drive  
Frank, Mrs. Herbert. .... 2616 S. Twyckenham Dr.  
Frank, Mrs. L. L. .... 534 N. Lafayette Blvd.  
Frash, Mrs. D. W. .... 1912 Miami Street  
Frey, Mrs. W. B. .... 617 Northwood Dr.  
Friedman, Mrs. Morris S. .... 1601 E. Cedar

##### G

Gaffney, Mrs. R. A. .... 406 E. Peashway  
Gates, Mrs. George E. .... 411 W. North Shore Dr.  
Gilman, Mrs. Marcus. .... 1925 E. Jefferson Blvd.  
Giordano, Mrs. A. S. .... 1518 E. Colfax Ave.  
Godersky, Mrs. George. .... 2744 Sampson  
Goraczewski, Mrs. T. C. .... 1016 W. Washington  
Graf, Mrs. John P. .... 424 Peashway  
Green, Mrs. George F. .... 1515 E. Wayne  
Green, Mrs. Norvel E. .... 1726 E. LaSalle  
Gorud, Mrs. Alton C. .... 129 W. North Shore Dr.

##### H

Haley, Mrs. Paul E. .... R. R. 2, Country Club Dr.  
Hall, Mrs. James M. .... 1438 E. Monroe St.  
Hamilton, Mrs. Charles O.

1418 E. Washington Ave.

Harmon, Mrs. V. E. .... 3221 Mishawaka  
Haugseth, Mrs. E. K. .... 418 Marquette Ave.  
Helmen, Mrs. Harry W. .... 120 Franklin Place  
Helmer, Mrs. John. .... 1825 Wilbur  
Hilbert, Mrs. John W. .... 410 W. Washington  
Hildebrand, Mrs. J. O. .... 1307 E. Ewing Ave.  
Hill, Mrs. Theodore. .... 1734 Portage Ave.  
Hillman, Mrs. Marion W. .... 1516 Marquette Blvd.  
Holdeman, Mrs. Lillian S. .... 615 W. Colfax Avenue  
Holtzman, Mrs. Norman. .... 3322 Whitcomb  
Hyde, Mrs. C. C. .... 1521 E. Colfax

##### J

Johns, Mrs. N. C. .... 1329 N. St. Joseph St.

##### K

Kamm, Mrs. Bernard. .... 125 W. Marion St.  
Karn, Mrs. John W. .... 1535 Wall St.  
Klahr, Mrs. Ellsworth E. .... 1422 McKinley  
Knode, Mrs. Kenneth T. .... R. R. 2, Country Club Dr.  
Krueger, Mrs. John E. .... 1206 N. Lawrence  
Kuhn, Mrs. Frederick L. .... 1215 S. Michigan St.

##### L

Lamb, Mrs. Leonard. .... 1321 E. Wayne  
Lane, Mrs. William H. .... 845 Park  
Lang, Mrs. Joseph E. .... 505 Dixie Hwy., No.  
Levatin, Mrs. B. J. .... 3503 Brookhurst  
Levkoff, Mrs. Abner. .... 3239 Essex Dr.  
Lionberger, Mrs. John R. .... 1419 E. Jefferson Blvd.  
Liss, Mrs. Emanuel. .... 1612 E. Madison  
Lockhart, Mrs. Philip. .... 1311 E. Monroe St.



**M**

Mason, Mrs. Bernard A.....2719 Marine St.  
 McCraley, Mrs. W. J.....1737 Belmont  
 Metcalfe, Mrs. G. E.....1209 E. Wayne, No.  
 Miller, Mrs. Milo K.....1018 E. Oakside  
 Mott, Mrs. C. A.....2733 Lincolnway West  
 Mueller, Mrs. H. M.....3525 Windingwood Dr.  
 Murphy, Mrs. Eugene C.....1411 Sunnymede

**N-O**

Nelson, Mrs. F. D.....58244 S. Ironwood Dr.  
 Nelson, Mrs. Raymond E.....1909 E. Madison  
 Olson, Mrs. Kenneth.....1228 E. Woodside

**P**

Parsons, Mrs. Robert.....1464 Ridgedale Rd.  
 Pauszek, Mrs. Thomas B.....916 Riverside Dr.  
 Petrass, Mrs. Andrew.....3115 Prairie Ave.  
 Plain, Mrs. George.....17836 Ponader Drive  
 Pyle, Mrs. H. Dale.....115 N. Sunnyside

**R**

Rigley, Mrs. Edward L.....120 W. LaSalle Avenue  
 Rodin, Mrs. H. H.....1138 E. Wayne, So.  
 Rosenheimer, Mrs. George M.....1425 E. Woodside  
 Rubens, Mrs. Eli.....1331 E. Victoria  
 Rudolph, Mrs. Carl.....2016 E. Madison Street

**S**

Sanderson, Mrs. Robert B...1331 Sunnymede Ave.  
 Sandock, Mrs. I.....125 W. Marion  
 Sandock, Mrs. Louis E.....235 S. Esther St.  
 Sandoz, Mrs. H. H.....239 S. Hawthorne Dr.  
 Sandoz, Mrs. Louis A....304 S. Twyckenham Dr.  
 Schiller, Mrs. Herbert A.....1813 E. Cedar  
 Scott, Mrs. Frank M.....1220 E. Woodside  
 Selby, Mrs. K. E.....1327 E. Wayne, No.  
 Sensenich, Mrs. R. L.....128 S. Scott  
 Sharp, Mrs. Merle C.....17772 Woodthrush Lane  
 Shelley, Mrs. Edward S.....207 S. Taylor St.  
 Shriner, Mrs. Richard L.....53362 Juniper Road  
 Sisson, Mrs. Norval D.....634 N. Lafayette Blvd.  
 Slominski, Mrs. Harry H.....1862 College St.  
 Spenner, Mrs. R. W.....125 S. Esther St.  
 Stiver, Mrs. Dan D.....1127 E. Wayne St. N.  
 Stogdill, Mrs. William.....102 S. Coquillard  
 Stratigos, Mrs. Joseph S.....2602 South Bend

**T**

Thacker, Mrs. Charles.....1722 E. Cedar Street  
 Thompson, Mrs. John M.....1618 Cedar  
 Tirman, Mrs. Wallace,...1224 E. Wayne St., No.  
 Traver, Mrs. P. C.....1010 Riverside Dr.

**V-W-Z**

Vagner, Mrs. S. Bernard...53190 Willow Run Road  
 Vurpillat, Mrs. F. J.....2102 E. Cedar  
 Walker, Mrs. Edwin M., Jr.....1114 Stanfield  
 Weiss, Mrs. Eugene.....2517 S. Michigan St.  
 Wilson, Mrs. James M.....1416 E. Monroe St.  
 Zeiger, Mrs. Irwin L.....1205 E. Irvington

**TIPPECANOE-WHITE COUNTIES**

**Lafayette**

Arnett, Mrs. A. A.....516 South 7th St.  
 Babb, Mrs. Forrest J.....2106 South 9th St.  
 Bayley, Mrs. R. D.....725 S. 11th  
 Bolin, Mrs. R. C.....2404 Crestview Ct.  
 Dubois, Mrs. Ramon.....519 Calvert Lane  
 Flack, Mrs. R. A.....3600 Cypress Lane  
 Frey, Mrs. Harley.....927 Highland  
 Graham, Mrs. Thomas.....1213 Wea  
 Gripe, Mrs. Richard.....1623 S. Fifth  
 Harter, Mrs. Eli B.....918 King  
 Holladay, Mrs. L. J.....1403 S. 14th St.  
 Hunsberger, Mrs. W. Glenn.....625 Kossuth St.  
 Johnson, Mrs. Herbert.....712 Cherokee  
 Jones, Mrs. David.....2055 S. Ninth

Karberg, Mrs. Richard J.....1212 El Prado  
 Klepinger, Mrs. Harry E.....909 N. 21st  
 Marsh, Mrs. George W.....1216 Howell  
 Marvel, Mrs. Howard.....1106 Hedgewood  
 Mather, Mrs. Charles.....509 S. 30th St.  
 McAdams, Mrs. Hugh.....2110 Birch Lane  
 McAdams, Mrs. Robert.....1507 Central  
 McClelland, Mrs. D. C.....1021 Highland  
 McKinley, Mrs. Joseph.....2320 E. Main St.  
 Neumann, Mrs. Kenneth.....1410 S. 18th  
 Ratcliff, Mrs. Frank W.....1000 Wea  
 Rothrock, Mrs. Philip.....605 Lingle Ave.  
 Shively, Mrs. John L.....221 South St.  
 Sholtz, Mrs. William M.....Shadeland Farm Rd.  
 Trout, Mrs. Carl J.....800 State  
 Van Den Bosch, Mrs. W. R.....415 South 9th St.  
 Vermilya, Mrs. R. W.....Cedar Bluff Rd.  
 Williams, Mrs. Robert E.....403 Asher

**West Lafayette**

Bayley, Mrs. William.....622 Rose  
 Burns, Mrs. John T.....Country Farm Road  
 Calvert, Mrs. R. R.....308 Park Lane  
 Davis, Mrs. Howard B.....1805 Sunset  
 Eaton, Mrs. Marion J.....425 Forrest Hill Dr.  
 Engeler, Mrs. James E.....1316 N. Grant  
 Ferguson, Mrs. William B....430 Forest Hill Dr.  
 Gery, Mrs. R. D.....306 Park Lane  
 Harden, Mrs. Murray.....610 Carrolton  
 Hughes, Mrs. Richard R.....908 Carrolton Blvd.  
 Hull, Mrs. James.....605 Carrolton  
 Johnson, Mrs. Lowell.....1601 Woodland  
 Klatch, Mrs. Ben Z.....1504 N. Grant  
 Miller, Mrs. Roland.....600 Ridgewood Dr.  
 Peyton, Mrs. Frank W.....612 Ridgewood Dr.  
 Schuck, Dr. Cecilia.....403½ Waldron St.  
 Stahl, Mrs. E. T.....324 Park Lane  
 Steele, Mrs. Hugh H.....118 Sunset Lane  
 VanBuskirk, Mrs. E. L.....1301 Ravinia Rd.  
 Washburn, Mrs. W. W.....209 Forest Hill Dr.

Lind, Mrs. Jaap.....Mulberry  
 Mitchell, Mrs. E. T.....Romney  
 Weller, Mrs. Robert.....Rossville

**VANDERBURGH COUNTY**

**(Southwestern)**

Stover, Mrs. Wendell C.....Boonville

**Evansville**

**A**

Acre, Mrs. Robert R.....2311 Lincoln  
 Adler, Mrs. Ray N.....1660 Lincoln  
 Allenbaugh, Mrs. A. E.....3218 E. Mulberry  
 Anderson, Mrs. Milton H...Evansville State Hosp.  
 Antes, Mrs. Earl H.....1201 Bonnieview Dr.  
 Antonetti, Mrs. John.....211 Inwood Drive  
 Arendell, Mrs. Robert.....710 S. Weinbach Ave.  
 Austin, Mrs. Eugene W....2163 Bayard Park Dr.

**B**

Baker, Mrs. Mason.....900 Bellemeade Ave.  
 Ballas, Mrs. Wm. A.....2800 Capitol Blvd.  
 Barnhart, Mrs. Willard T.....507 Boeke Rd.  
 Beck, Mrs. Robert E.....301 Inwood Drive  
 Begley, Mrs. Joseph W.....700 Blue Ridge Rd.  
 Bender, Mrs. M. J.....2716 Capitol Blvd.  
 Bennett, Mrs. Abner P.....961 Blue Ridge Rd.  
 Bissonette, Mrs. Roger P.....911 Colony Rd.  
 Britt, Mrs. Robert.....6416 Arcadian Hwy.  
 Brockmole, Mrs. Arnold W.....517 Edgar St.  
 Bryan, Mrs. Stanton L.....3211 E. Mulberry  
 Buehner, Mrs. Donald.....1200 Bonnieview Dr.  
 Buikstra, Mrs. C. R.....R. R. 5, Box 215  
 Burnikel, Mrs. Ray H....960 S. Rotherwood Ave.



## C

Cacia, Mrs. John J. .... 420 S. Boeke Rd.  
 Caldwell, Mrs. William C. .... 643 College Hwy.  
 Carlson, Mrs. Ralph F. .... 1021 Bayard Park Dr.  
 Clements, Mrs. A. F. .... 3315 Lincoln  
 Clouse, Mrs. Paul A. .... 2066 Bayard Park Dr.  
 Cockrum, Mrs. William M. .... 1414 Parkside Dr.  
 Cole, Mrs. W. L. .... 2507 E. Gum Street  
 Coleman, Mrs. Joseph E. .... 2831 Wayside Dr.  
 Combs, Mrs. Herman .... 915 S. Red Bank Rd.  
 Corcoran, Mrs. P. J. V. .... 2412 E. Chandler  
 Crawford, Mrs. James .... 631 Blue Ridge Dr. North  
 Crevello, Mrs. Albert J. .... 1664 Lincoln  
 Crimm, Mrs. Paul D. .... Boehne Hospital  
 Cullnane, Mrs. Chris W. .... 3020 Mt. Vernon Rd.

## D

Daves, Mrs. W. Lawrence. .... 708 College Hwy.  
 Davidson, Mrs. Harold H. .... 800 Blue Ridge Rd.  
 Deems, Mrs. Myers .... 741 Bayard Park Dr.  
 Denzer, Mrs. Edward K. .... 540 Scenic Dr.  
 Denzer, Mrs. W. O. .... 923 Bellemeade  
 Dieckman, Mrs. Herbert S. .... 1101 Harrelton Ct.  
 Dodd, Mrs. R. K. .... 1705 S. New Green River Rd.  
 Drake, Mrs. Dale W. .... 1911 Optimist Dr.  
 Dunham, Mrs. Howard .... R. R. #3, Oak Hill Road  
 Dycus, Mrs. Walter A. .... 330 Koring Rd.  
 Dyer, Mrs. Wallace K. .... 812 St. James

## E

Ehrich, Mrs. William S. .... 1500 S. Kentucky  
 Engel, Mrs. Edgar L. .... 1411 E. Park Dr.

## F

Faith, Mrs. Ira L., Jr. .... 950 Blue Ridge Road  
 Faul, Mrs. Henry .... 725 S. Willow Rd.  
 Faw, Mrs. Melvin L. .... 3105 E. Oak Street  
 Fenneman, Mrs. Robert J. .... 1468 Bonnieview Ct.  
 Fisher, Mrs. William C. .... 1319 S. Kentucky  
 FitzGerald, Mrs. Maurice D. .... 924 Bayard Park Dr.  
 Fitzsimmons, Mrs. E. L. .... 500 S. Boeke Rd.  
 French, Mrs. William G. .... 844 Hoosier

## G

Garland, Mrs. E. A. .... 719 Plaza Dr.  
 Gaul, Mrs. L. Edward .... 508 S. Boeke Rd.  
 Getty, Mrs. William .... 1810 Mt. Auburn Road  
 Giorgio, Mrs. Douglas J. .... 916 S. Burkhart Road  
 Griep, Mrs. Arthur H. .... 5414 Madison  
 Guckien, Mrs. Joseph .... 2054 Bayard Park Dr.

## H

Hammond, Mrs. R. Case .... 6820 Arcadian Hwy.  
 Hare, Mrs. Daniel M. .... 2112 Lincoln  
 Hart, Mrs. Paul .... 1436 Lincoln  
 Hartley, Mrs. C. A., Jr. .... 300 Hesmer Rd.  
 Healy, Mrs. William F. .... 722 S. Willow Rd.  
 Heinrich, Mrs. Weston .... 1408 Lincoln Ave.  
 Hendershot, Mrs. Eugene L. .... 7006 Newburgh Road  
 Hermayer, Mrs. Stephen .... 1316 Bonnieview Dr.  
 Herrmann, Mrs. Gordon T. .... 218 S. Spring St.  
 Herzer, Mrs. C. C. .... 211 E. Mill Rd.  
 Hoover, Mrs. Guy .... 864 Lodge Ave.  
 Huggins, Mrs. Victor .... 520 S. Alvord  
 Hyatt, Mrs. G. T. .... 1616 Mt. Auburn Rd.

## J-K

Jernigan, Mrs. William R. .... 1113 S. Alvord Blvd.  
 Johnson, Mrs. Stephen L. .... 2215 Lincoln  
 Kessler, Mrs. R. B. .... 1200 Harrelton Ct.  
 Kiechle, Mrs. Fred .... 726 S. E. First St.

## L

Laubscher, Mrs. Clarence .... 6621 Kratzville Rd.  
 Lawrence, Mrs. Joseph C. .... 1362 E. Chandler  
 Leibundguth, Mrs. Henry .... 1522 Adams Ave.  
 Leslie, Mrs. Ernil T. .... 3214 E. Mulberry St.  
 Lindsey, Mrs. Sherman .... 6830 Arcadian Hwy.  
 Little, Mrs. Robert .... 110 Evergreen Rd.  
 Logan, Mrs. J. R. .... 503 First Ave.

## M

MacKenzie, Mrs. Pierce .... 2300 E. Gum St.  
 Mathews, Mrs. James R. .... 224 S. Spring St.  
 McCool, Mrs. J. H. .... 6314 Old State Rd.  
 McDonald, Mrs. J. D. .... 4300 Lincoln  
 Mehl, Mrs. Rudolph .... 631 Blue Ridge Dr.  
 Meyer, Mrs. Keith .... 399 S. Alvord Blvd.  
 Miller, Mrs. L. B. .... 501 Scenic Drive  
 Miller, Mrs. Milton .... 8201 Newburgh Rd.  
 Miller, Mrs. Minor .... 701 S. Weinbach Ave.  
 Miller, Mrs. Robert J. .... 701 Plaza Dr.  
 Mills, Mrs. Fred .... 555 S. Kelsey  
 Mino, Mrs. Raymond

Box 91, R. R. #5, Old State Road  
 Mino, Mrs. Robert .... 2777 Wayside Dr.  
 Moehlenkamp, Mrs. Charles .... 305 E. Iowa

## N

Niedermayer, Mrs. Alfred .... 815 College Hwy.  
 Nisenbaum, Mrs. Harold .... 1535 Washington Ave.  
 Nonte, Mrs. Lee .... 1041 Taylor

## O

Oswald, Mrs. Robert .... 762 St. James Blvd.

## P

Pastor, Mrs. J. W. .... 5901 Washington Ave.  
 Pemberton, Mrs. Jack James .... 911 N. Helfrich  
 Pollard, Mrs. Walter .... 1230 S. E. Second  
 Porre, Mrs. Francis .... 909 Villa Dr.  
 Present, Mrs. Julian .... 201 Parker Dr.  
 Pugh, Mrs. Willis .... 5204 Lincoln

## R

Ratcliffe, Mrs. A. W. .... 510 S. E. First  
 Ravdin, Mrs. Bernard .... 706 Sunset  
 Ravdin, Mrs. Marcus .... 2025 Lincoln  
 Rayl, Mrs. Donald F. .... 2522 Adams Avenue  
 Reich, Mrs. Clarence .... 1209 N. Fulton  
 Richey, Mrs. Clifford .... 407 Congress  
 Rininger, Mrs. Harold .... 2154 E. Gum  
 Ritchie, Mrs. William .... 5201 Stringtown Rd.  
 Rosenblatt, Mrs. Bernard .... 626 St. James  
 Rossow, Mrs. R. J. .... 953 E. Powell Ave.  
 Royster, Mrs. Robert Allen .... 520 Roosevelt Dr.  
 Rusche, Mrs. Henry J. .... 315 W. Iowa  
 Russell, Mrs. Richard .... 2309 E. Chandler Ave.

## S

Schirmer, Mrs. Robert H. .... 2710 Hartmetz  
 Schneider, Mrs. Charles P. .... 2924 W. Maryland  
 Schriefer, Mrs. V. V. .... 390 S. Alvord  
 Slaughter, Mrs. Howard C. .... 651 St. Mary's Dr.  
 Slaughter, Mrs. John .... 622 College Hwy.  
 Slaughter, Mrs. Owen L. .... 506 St. James Blvd. So.  
 Sprecher, Mrs. Herman .... 5601 Newburgh Road  
 Springstun, Mrs. W. Russel .... 854 Lodge  
 Stanton, Mrs. Harmon L. .... 4328 Washington Ave.  
 Steckler, Mrs. Robert J. .... 6550 Pollack Ave.  
 Steele, Mrs. Paul W. .... 1906 Bellemeade  
 Sterne, Mrs. John H. .... 2308 E. Gum St.  
 Stork, Mrs. Urban .... 414 S. Kelsey  
 Strueh, Mrs. Paul .... 1207 Harrelton Ct.  
 Sweeney, Mrs. Michael J. .... 4814 Stratford Road

## T

Tager, Mrs. S. H. .... 900 E. Mulberry  
 Tuholski, Mrs. James .... 1567 Bonnieview Dr.  
 Tweedall, Mrs. D. G. .... R. R. #8, Browning Road

## V-W

Visher, Mrs. John W. .... Mt. Pleasant Rd., R. R. 5  
 Walter, Mrs. Robert F. .... 1514 S. Kentucky Ave.  
 Warner, Mrs. Charles .... 3016 Oak  
 Weber, Mrs. Edgar H. .... 3008 E. Powell Ave.  
 Weiss, Mrs. H. G. .... 1014 E. Powell  
 Welborn, Mrs. Mell B. .... 1832 Mt. Auburn  
 Wheeler, Mrs. C. J. .... 1610 Howard Street  
 Wilhelmus, Mrs. C. Kenneth .... 6929 Newburgh Rd.  
 Wilhelmus, Mrs. Gilbert M. .... 5901 Newburgh Rd.  
 Wilhelmus, Mrs. W. M. .... R. R. 7, Box 285



Willison, Mrs. George W.....411 Lincoln Park Dr.  
Wilson, Mrs. John D.....1207 E. Park Dr.  
Wilson, Mrs. David.....1709 S. E. Blvd.  
Wilson, Mrs. Ralph.....2317 E. Gum  
Wynn, Mrs. J. F.....651 S. Weinbach Ave.

Y-Z

Young, Mrs. C. Curtis, Jr.....2327 Lincoln Ave.  
Zimmerman, Mrs. Harold.....513 S. Boeke Rd.

Crist, Mrs. John R.....Mt. Vernon  
Hirsch, Mrs. H. L. 521 W. Second St., Mt. Vernon  
Oliphant, Mrs. Frank.....Mt. Vernon  
Vogel, Mrs. John.....Mt. Vernon  
Durkee, Mrs. Melvin S.....Newburgh  
Sinn, Mrs. Charles M. R. R. #3, Outer Lincoln Ave.,  
Newburgh  
Zwickel, Mrs. R. E.....Newburgh  
Ropp, Mrs. Harold.....New Harmony  
Boren, Mrs. Paul.....Poseyville

VIGO COUNTY

Speas, Mrs. Robert C.....Box 22, Seelyville

Terre Haute

A

Allen, Mrs. Orris T.....320 Robinwood Drive  
Anderson, Mrs. W. C.....380 S. 22nd St.  
Ault, Mrs. Roy J.....926 Barton Avenue  
Aust, Mrs. Charles H.....202 S. 24th St.

B

Baldrige, Mrs. Ezra R.....1435 So. 6th Street  
Baldrige, Mrs. William O.....2500 N. Ninth  
Bannon, Mrs. William C.....2126 Ohio Blvd.  
Blum, Mrs. Leon L.....3200 Ohio Blvd.  
Bopp, Mrs. Henry W.....132 Barton  
Bopp, Mrs. Henry W., Jr.....2237 Poplar  
Bopp, Mrs. James.....236 S. 21st St.  
Boyd, Mrs. H. Clark.....651 Oak Dr.  
Brown, Mrs. Robert.....2544 N. Ninth

C-D

CaJacob, Mrs. Melville.....1000 S. Sixth  
Caldwell, Mrs. M. V.....R. R. 7  
Combs, Mrs. Charles.....2516 N. Ninth  
Combs, Mrs. Stuart.....2620 N. 10th  
Conklin, Mrs. James.....127 Adams  
Conway, Mrs. Thomas.....1014 So. 22nd Street  
Davis, Mrs. M. J.....1444 S. 6th St.  
Denny, Mrs. E. Rankin.....2718 Wilson Dr.  
Douglas, Mrs. John J.....2216 N. 10th St.  
Dyer, Mrs. G. Wallace.....2710 Wilson Dr.

F

Freed, Mrs. John E.....2408 N. 10th  
Freed, Mrs. John, Jr.....720 Collett Ave.  
Fuqua, Mrs. H. B.....2303 N. Ninth

G

Gerrish, Mrs. Don A.....R. R. No. 7  
Gilbert, Mrs. Ivan.....2641 Crawford  
Goodman, Mrs. Hubert T.....328 Potomac  
Gossom, Mrs. Donn R.....1904 Ohio Blvd.

H

Haslem, Mrs. Ezra.....205 Potomac  
Haslem, Mrs. John R.....2920 Ohio Blvd.  
Hogan, Mrs. Thomas W.....332 So. 31st Street  
Humphrey, Mrs. Paul.....2631 N. Ninth

K

Kabel, Mrs. Robert.....3318 Oak Street  
Kriebel, Mrs. W. W.....2701 Wilson Dr.  
Kunkler, Mrs. Arnold.....1126 S. 24th St.

L

Lancet, Mrs. Robert O.....20 Nitchie Dr.  
Lee, Mrs. James C.....31 Barton Ave.  
Loewenstein, Mrs. Werner.....1909 Ohio Blvd.  
Luckett, Mrs. C. L.....R. R. 2  
Lyons, Mrs. L. Mason.....123 S. 21st St.

M

McBride, Mrs. Noel S.....Allendale, R. R. 2  
McCrea, Mrs. Fred R.....2517 N. Eighth St.  
McEwen, Mrs. James W.....107 Wren Dr.  
McIntosh, Mrs. Wilbert.....R. R. No. 4  
McLaughlin, Mrs. Gordon.....R. R. #3  
Malone, Mrs. L. A.....342 S. 22nd  
Mason, Mrs. Lester.....R. R. 2, Allendale  
Mattox, Mrs. Don A.....240 Hamilton Dr.  
Mattox, Mrs. Ernest.....240 Hamilton Dr.  
Miklozek, Mrs. J. E.....2204 Ohio Blvd.  
Miller, Mrs. D. B.....920 So. 6th St.  
Mitchell, Mrs. Albert M.....333 S. 22nd St.  
Musselman, Mrs. Glenn.....7222 Wabash Avenue

N-O-P

Nay, Mrs. Ernest.....29 S. 20th  
Neudorff, Mrs. L. G.....213 Barton Avenue  
Oliphant, Mrs. Robert.....8 31st St. Ct.  
Pearce, Mrs. Roy V.....269 S. 26th Street Dr.

R

Reed, Mrs. Robert C.....1933 S. Center St.  
Reynolds, Mrs. R. J.....2126 College  
Richart, Mrs. James V.....336 Hamilton Dr.  
Riggs, Mrs. Floyd.....137 S. 24th  
Rogers, Mrs. Shirrell R.....1101 S. 6th St.  
Rubin, Mrs. M. M.....2401 Ohio

S

Scherb, Mrs. Burton E.....211 Gardendale Rd.  
Schott, Mrs. Edward.....653 Oak  
Schumaker, Mrs. Robert A.....R. R. 4  
Shaffer, Mrs. James S.....2200 Third Ave.  
Shapiro, Mrs. Burton J.....338 S. 20th St.  
Showalter, Mrs. John R.....2638 N. Eighth  
Siebenmorgen, Mrs. Louis.....1200 S. Eighth  
Siebenmorgen, Mrs. Paul.....2515 N. Seventh  
Silverman, Mrs. Norman.....1142 S. Center St.  
Stoelting, Mrs. J. L.....1919 N. Seventh  
Strecker, Mrs. William L.....100 S. 20th St.  
Sullivan, Mrs. John M.....2242 College

T-V

Topping, Mrs. Malachi.....152 Monterey  
Van Arsdall, Mrs. C. R.....2229 Crawford

W-Z

Weber, Mrs. Joseph.....2121 N. 11th  
Weinbaum, Mrs. Jack G.....R. R. No. 5, Box 490  
White, Mrs. James V.....1227 S. Sixth  
Wiedemann, Mrs. Frank E.....1530 S. Sixth  
Wilson, Mrs. F. L.....1124 S. Center  
Zwerner, Mrs. Paul F.....2510 N. Eighth St.

Meyn, Mrs. Werner P.  
R. R. #1, West Terre Haute

WABASH COUNTY

Walker, Mrs. James L.....LaFontaine

Wabash

Dannacher, Mrs. William.....518 North Wabash  
Elward, Mrs. Carl.....550 Hamlin St.  
Hanneken, Mrs. Vincent.....86 Comstock St.  
LaSalle, Mrs. R. M.....442 N. Wabash St.  
Mills, Mrs. John F.....24 East Main  
Pearson, Mrs. William E.....290 North Wabash  
Rauh, Mrs. Robert.....Bond Street  
Whisler, Mrs. Frederick M.....111 East Hill



## WAYNE-UNION COUNTIES

Kenyon, Mrs. Emil . 303 Mulberry, Cambridge City  
 Barton, Mrs. William M. North Morton, Centerville  
 Stepleton, Mrs. John D. . . . . R. R. 2, Centerville  
 Heck, Mrs. R. A. . . . . College Corner, Ohio  
 Shepard, Mrs. Fred . . . . . College Corner, Ohio  
 Hutchinson, Mrs. Don . . . . . Fountain City  
 Clarkson, Mrs. C. G. . . . . Liberty  
 Lewis, Mrs. Frank . . . . . Liberty  
 McWilliams, Mrs. W. B. . . . . Liberty

## Richmond

Adney, Mrs. Frank . . . . . 214 S. E. Parkway  
 Ake, Mrs. Loren . . . . . 220 S. 18th St.  
 Allen, Mrs. Robert . . . . . 212 S. 21st St.  
 Blossom, Mrs. Paul W. . . . . 15 N. W. 7th St.  
 Brown, Mrs. Richard J. . . . . 231 S. 15th St.  
 Buche, Mrs. Frederick P. . . . . 2408 S. "E" St.  
 Coble, Mrs. Frank . . . . . R. R. 4, Box 86  
 Cook, Mrs. Norman R. . . . . 1710 Reeveston Road  
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*References:* 1. Borrus, J. C.: *M. Clin. North America*, In press, 1957. 2. Gillette, H. E.: *Internat. Rec. Med. & G. P. Clin.* 169:453, 1956. 3. Pennington, V. M.: *J.A.M.A.*, In press, 1957. 4. Cayer, D.: Prolonged Anticholinergic Therapy of Duodenal Ulcer. *Am. J. Dig. Dis.* 1:301-309 (July) 1956. 5. McGlone, F. B.: Personal Communication to Lederle Laboratories. 6. Texter, E. C., Jr.: Personal Communication to Lederle Laboratories. 7. Bauer, H. G. and McGavack, T. H.: Personal Communication to Lederle Laboratories.

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a St. Mary Mercy	Gary	Sister Mary Lourdes, R.N.	232
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*Allergic disorders* of infants include gastrointestinal disturbances, infantile eczema, urticaria and asthma. Gastrointestinal allergy may be manifested by vomiting, colicky abdominal pain and diarrhea. Allergic dermatitis may be evidenced by wheal-like cutaneous reactions which may develop into exudative lesions over the scalp, face and body. A systemic food hypersensitivity may produce an asthmatic response manifested by dyspnea and wheezing, although infection is usually associated with this type of response.

*Common treatments* include avoidance of the allergen, desensitization, antihistaminics and, in the presence of infection, antibiotics. Infants sensitive to the proteins of cow's milk whey may be fed human, goat or mare's milk reinforced with KARO® Syrup. Casein-sensitive infants may be offered soybean milk or amino acid mixtures reinforced with KARO Syrup.

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5	23	11	4	6½	5	700
6	26	10	4	7	5	760
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8	30	11	2½	8	5	750
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1	8	8	16	2	4	6	395
2	10	9	14	3	4½	5	520
3	12	10	15	3½	5	5	590
4	14	12	18	4	6	5	695
5	16	12	21	4	6½	5	695
6	17	13	22	4	7	5	730
7	18	14	21	3	7	5	710
8	19	15	20	2	7	5	690
10	21	16	16	1	8	4	730

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1	8	16	3	4	6	532
2	9	14	3	4½	5	576
3	10	15	3½	5	4	650
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5	12	21	4	6½	5	768
6	13	22	4	7	5	768
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5	13	33	3½	7	5	730
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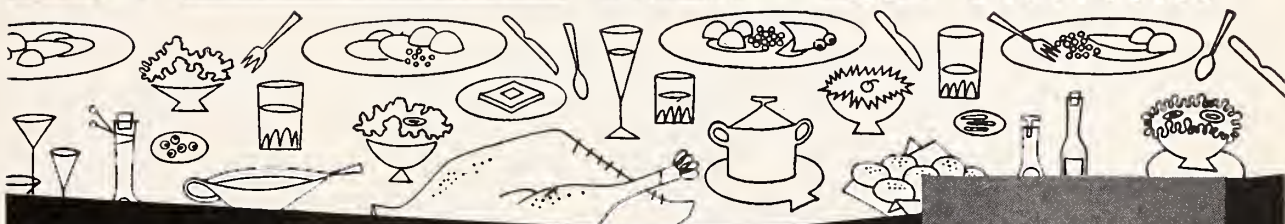
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411 Grant St., Bremen.  
Mrs. Beverly Rains, R.N., Adm.

**Parkview Hospital.**  
1401 N. Michigan St., Plymouth.  
Miss Lela Diefenbaugh, R.N., Adm.

**MIAMI COUNTY**

**Dukes-Miami County Hospital.**  
12th and Grant Sts., Peru.  
Robert Moss, Adm.

**Wabash Employees Hospital Association.**  
North Broadway, Peru.  
Mr. W. E. Gollings, Adm.  
c/o Miss Bernice Pierson, Supervising Nurse

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**Bloomington Hospital.**  
640 S. Rogers St., Bloomington.  
Miss Anna G. Nelson, Adm.

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**Montgomery County Culver Union Hospital.**  
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Mr. Ralph M. Haas, Adm.

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**Comer Sanitarium.**  
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K. E. Comer, M.D., Adm.

**Morgan County Memorial Hospital.**  
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Mrs. Crystal L. LaBonte, R.N., Adm.

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**Kneipp Springs Sanatorium.**  
Rome City.  
Sister M. Pancratia, Adm.

**Luckey Hospital.**  
Wolfake.  
James R. Roth, M.D., Adm.

**McCray Memorial Hospital.**  
Hospital Drive, Kendallville.  
Miss Marie Oling, Adm.

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**Paoli Hospital Foundation, Inc.**  
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Ivan A. Clark, M.D., Adm.

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**Indiana State Sanatorium.**  
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J. V. Pace, M.D., Adm.

**PERRY COUNTY**

**Perry County Memorial Hospital.**  
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Robert G. Gilbert, M.D., Adm.

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**Porter Memorial Hospital.**  
814 LaPorte Ave., Valparaiso.  
Arthur S. Malesto, Adm.

**PULASKI COUNTY**

**Carneal's Private Hospital.**  
111 N. Monticello St., Winamac.  
Thomas E. Carneal, M.D., Adm.

**PUTNAM COUNTY**

**Putnam County Hospital.**  
322 Greenwood Ave., Greencastle.  
Miss Clarice L. Bemis, R.N., Dir. of Nurses

**RANDOLPH COUNTY**

**Randolph County Hospital.**  
Oak Street, Winchester.  
Mr. Vernon W. Hyer, Adm.

**Union City Memorial Hospital Association.**  
North Columbia St., Union City.  
Miss Kathryn E. Larrance, Adm.

**RIPLEY COUNTY**

**Margaret Mary Hospital.**  
Rosemont Division, Batesville.  
Sister M. Felicitas, Adm.

**The Whitlatch Clinic and Hospital, Inc.**  
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Mrs. Frances Pruitt, R.N., Adm.

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**Healthwin Hospital.**  
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E. W. Custer, M.D., Adm.  
**Memorial Hospital of South Bend.**  
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Mr. Richard W. Trenkner, Adm.  
**Northern Indiana Children's Hospital.**  
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John C. Van Metre, Adm.  
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**St. Joseph's Hospital.**  
401 N. Notre Dame Ave., South Bend.  
Sister M. Nazarita, R.N., Adm.  
**South Bend Osteopathic Hospital.**  
118 S. William St., South Bend.  
A. F. Kull, D.O., Adm.

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Lynn L. Landis, Adm.

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**Elmhurst Hospital, Inc.**  
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Mrs. Marie Hosack, R.N., Adm.

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**Mary Sherman Hospital.**  
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**Indiana State Soldiers Home Hospital**  
Lafayette  
Col. Herman Schmitz, Commandant.  
**Lafayette Home Hospital.**  
2400 E. South St., Lafayette.  
Mr. T. E. Berg, Adm.  
**St. Elizabeth Hospital.**  
1021 N. 14th St., Lafayette.  
Sister M. Amelia, R.N., Adm.  
**William Ross Sanatorium.**  
R.R. 6, State Road No. 52, Lafayette.  
J. W. Strayer, M.D., Adm.

**TIPTON COUNTY**

**Tipton County Memorial Hospital.**  
South Main Street, Tipton.  
James C. Talley, Adm.

**VANDEBURGH COUNTY**

**Boehne Tuberculosis Hospital.**  
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Paul D. Crimm, M.D., Adm.

**Protestant Deaconess Hospital.**  
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Sister Elizabeth, Adm.  
**Welborn Memorial Baptist Hospital, Inc.**  
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Nolan R. Lackey, Adm.

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**Vermillion County Hospital.**  
800 S. Main St., Clinton.  
Miss Beulah Fisher, R.N., Adm.

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Mrs. Arlie L. Dwyer, R.N., Adm.  
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1021 S. 6th St., Terre Haute.  
Sister M. Ludolpha, Adm.  
**Union Hospital, Inc.**  
7th St. at 8th Ave., Terre Haute.  
Ellen E. Church, R.N., Adm.

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**Wabash County Hospital.**  
670 N. East St., Wabash.  
Mrs. E. A. Ford, Acting Adm.

**WARREN COUNTY**

**The Community Hospital.**  
412 N. Monroe St., Williamsport.  
Mrs. Nellie O. Rudolph, Adm.

**WASHINGTON COUNTY**

**Washington County Memorial Hospital.**  
Shelby Street, Salem.  
Harry M. Voyles, Adm.

**WAYNE COUNTY**

**Reid Memorial Hospital.**  
Spring Grove, Richmond.  
Mr. Frank G. Sheffler, Adm.  
**Smith Esteb Memorial Hospital.**  
R. R. No. 4, Liberty Pike, Richmond.

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**Clinic Hospital.**  
309 S. Main St., Bluffton.  
Mrs. Eileen Stipp, Adm.  
**Wells County Hospital.**  
1116 S. Main St., Bluffton.  
Mrs. Dorothy Elett, R.N., Adm.

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**White County Memorial Hospital**  
Monticello  
William R. Saunders, Adm.

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**Memorial Hospital.**  
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Mrs. Margaret Sitton, Adm.

**Crater Nursing Home**  
1407 E. Wayne St., Fort Wayne  
Mrs. Pearl Crater, Adm.

**Crow's Haven**  
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Mrs. Meta C. Crow & Lyle  
Crow, Adms.

**Grace Convalescent Home**  
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Wayne  
Mrs. Jessie G. Richer, Adm.

**Lawton Nursing Home**  
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Mr. Walter C. Buuck, Adm.

**Munson Home**  
336 Madison Street, Fort Wayne  
Mrs. Mabel Munson, Adm.

**Twin Maples Nursing Home**  
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Wayne  
Mrs. Maude M. Cole, RN, Adm.

**West Berry Street Rest Home**  
903 W. Berry St., Fort Wayne  
Mr. Herbert E. Atkinson, Sr.,  
Adm.

## BARTHOLOMEW COUNTY

**Brown Nursing Home**  
318 Smith Street, Columbus  
Mrs. Philipena Brown, Adm.

**Chasteen Nursing Home**  
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Mrs. Niley Chasteen, Adm.

**Haven of Rest Nursing Home**  
213 Fourth St., Columbus  
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Mrs. Christine McKinney,  
Adms.

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R. R. 2, Columbus  
Mrs. Mary Luther, Adm.

**Redman's Nursing Home**  
R. R. 4, Columbus  
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**Shanklin Nursing Home**  
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Mrs. Mildred Shanklin, Adm.

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**Neal Nursing Home**  
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Mrs. Genevieve L. Neal, Adm.

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**Waldo House**  
511 W. Washington St.,  
Hartford City  
Mrs. Martha Waldo, Adm.

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**Davis Nursing Home**  
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Mrs. Ruth Davis, Adm.

**Fultz Nursing Home**  
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Otis and Bertha Fultz, Adms.

**Harris Nursing Home**  
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Lewis and Maud Harris, Adms.

## BROWN COUNTY

**Pittman House Sanatorium**  
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Mr. Myron L. Rees, Adm.

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**The Arzula Flora Nursing Home**  
312 W. Main St., P.O. Box 473,  
Flora  
Miss Ida Arzula Flora, Adm.

**Cornell Nursing Home**  
R. R. 1, Cutler  
Mrs. Victoria V. Cornell, Adm.

**Deer Creek Nursing Home**  
R. R. 1, Camden  
Miss Mabel E. Bechdolt, Adm.

**Good Will Nursing Home**  
Corner Main and Monroe Sts.,  
Camden  
Mrs. Bertha Neibel, Adm.

**Mamie Kennedy Nursing Home**  
404 South Center St., Flora  
Mrs. Mamie J. Kennedy, Adm.

**Restmor**  
Bringinghurst, Indiana  
Mrs. Opal Short, Adm.

## CASS COUNTY

**Bird's Home**  
R. R. 2, Royal Center  
Mrs. Irene L. Bird, Adm.

**Douglas Nursing Home**  
Box 103, Royal Center  
Mrs. Viola Douglas, Adm.

**Flo Dodt Nursing Home**  
Royal Center  
Mrs. Flo Dodt, Adm.

**Huffman Nursing Home**  
2527 E. Broadway, Logansport  
Mrs. Honour Huffman, Adm.

**Justice Nursing Home**  
227 Cliff Drive, Logansport  
Mr. and Mrs. Martin Justice,  
Adms.

**Rest Haven Nursing Home**  
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Miss Olive S. Jones, Adm.

**Webster Home**  
806 North St., Logansport  
Mrs. Nora B. Webster, Adm.

## CLARK COUNTY

**Griggs Nursing Home**  
208 W. Riverside Dr., Jefferson-  
ville  
Mrs. Mary C. Griggs, Adm.

**Keller Home**  
403 E. 7th St., Jeffersonville  
Mrs. Florence Keller, Adm.

**Maple Court Nursing Home**  
R. R. 3, Box 30, Maple Court  
Jeffersonville  
Goldie and Lola Hollingsworth,  
Adms.

**McTavish Drive Nursing Home**  
3007 McTavish Drive, Jefferson-  
ville  
Mrs. Grace Hogan King, Adm.

**Perkins Nursing Home**  
1315 Spring St., Jeffersonville  
Mrs. Dovie Perkins, Adm.

**Twilight Nursing Home #1**  
210 E. Maple St., Jeffersonville  
Mrs. Delilah Jean Goodwin,  
Adm.

## CLAY COUNTY

**Brazil Rest Home**  
508 E. National Ave., Brazil  
Mrs. James Garvin, Adm.

**Wilson Nursing Home**  
525 E. Mechanic St., Brazil  
Roy and Mary Wilson, Adms.

## CLINTON COUNTY

**Ashley Nursing & Convalescent  
Home**  
R. R. 6, Frankfort  
Mrs. Jean Ashley Hladik, Adm.



**Harriet Ann Stoker Nursing Home**  
R. R. 4, Frankfort  
Mrs. Harriet Ann Stoker Beabout, Adm.

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R. R. 1, Michigantown  
Clayton and Marie Rice, Adms.

**Zartman Nursing Home #1**  
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**Zartman Nursing Home #2**  
551 E. Walnut St., Frankfort  
Mr. Lawrence Zartman, Adm.

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**Baker's Nursing Home**  
819 Axtell Ave., Washington  
Mrs. Rose Ann Baker Seal, Adm.

**Colvin's Nursing Home**  
1109 National Highway, Washington  
Mrs. Laura Colvin, Adm.

**Meyer's Nursing Home**  
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Mrs. John Meyers, Adm.

**Riney Country Nursing Home**  
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James and Elizabeth Riney, Adms.

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**Shady Nook Nursing Home**  
Ridge Ave. & Catalpa St., Lawrenceburg  
Mrs. Barbara Lambert and Mrs. Alta McMullen, Adms.

**Voshell Nursing Home**  
R. R. 1, Aurora  
Mrs. Nettie Voshell, Adm.

#### **DECATUR COUNTY**

**Black Nursing Home**  
202 W. Third St., Greensburg  
Mrs. Pearl Black, Adm.

**Jessup Nursing Home #1**  
Westport, Indiana  
Frank and Myrtle Jessup, Adms.

**Jessup Nursing Home #2**  
303 Jackson St., Greensburg  
Mrs. Myrtle Jessup, Adm.

**Michigan Hill Nursing Home**  
320 S. Michigan Ave., Greensburg  
Mrs. Gayle Thompson, Adm.

**Ridout Nursing Home**  
410 S. Broadway, Greensburg  
Mrs. Lila Ridout, Adm.

#### **DEKALB COUNTY**

**Barkley Convalescent Home**  
610 S. Broadway, Butler  
Mrs. Audrey E. Barkley, Adm.

**Betz Nursing Home**  
R. R. 3, Auburn  
Everett and Doris Betz, Adms.

**Brouse Nursing Home**  
R. R. 2, Butler  
Mrs. Margaret Sanders, Adm.

**Cox Nursing Home**  
R. R. 2, Butler  
Mrs. Julia Kondas, Adm.

**Garrett Convalescent Home**  
611 S. Peters St., Garrett  
Ronald and Helen Boyd, Adms.

**Sheehy Nursing Home**  
402 N. Broadway St., Butler  
J. Edward and Flo Sheehy, Adms.

**Southview Rest Home**  
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Mrs. Leona LeMay, Adm.

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**Frazee Convalescing Home**  
R. R. 2, Dunkirk  
Mrs. Leatha G. Frazee, Adm.

**Hamilton's Nursing Home**  
1636 W. Tenth St., Muncie  
Mrs. Rhetta Hamilton, Adm.

**Karcher Home**  
R. R. 1, Selma  
Mrs. Aida Karcher, Adm.

**Nickols Convalescent Home**  
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Mrs. Margaret Nickols, Adm.

**Shady Haven Rest Home**  
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Mrs. Leila C. Wilcox, Adm.  
**Sylvester Home for the Aged**  
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Mrs. Nellie V. Sylvester, RN, Adm.

**Woodland Home**  
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Mrs. Hazel Wilson, RN, Adm.

#### **DUBOIS COUNTY**

**Indiana Rest Home**  
115 E. Fifth St., Jasper  
Mrs. Mildred Sauter, Adm.

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**The Austin Home**  
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Mrs. Hazel M. Austin, Adm.  
**Florentine Convalescent Home**  
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Mrs. Florentine Warskow, Adm.

**Hillcrest**  
807 N. Main St., Goshen  
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**Hutchinson Nursing Home**  
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Mrs. Irene Hutchinson, Adm.

**Lockerbie Nursing Home**  
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**Moore Nursing Home**  
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**Riley Convalescent Home**  
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**Thorp Nursing Home**  
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**Weaver Convalescent Home**  
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901 S. 2nd St., Elkhart  
Mrs. Neva B. Wilson, Adm.

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**Lincoln Manor**  
903 Lincoln Ave., Connersville  
Mr. Chester O'Neal, Adm.

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**Turley's Nursing Home**  
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Mrs. Ralph McFarland, Adm.

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Mrs. Edna Shurtleff, Adm.

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Mrs. Edra E. Church, Adm.

**Church Nursing Home Annex**  
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Mrs. Edra E. Church, Adm.

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**Shady Grove Nursing Home**  
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Mrs. Ruth Morris, Adm.

**Welborn Nursing Home**  
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Mrs. Dora Welborn, Adm.

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Mrs. Agnes Butcher, Adm.

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Mrs. Geneva Calbert, Adm.

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**Smith's Nursing Home**  
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Frederick M. Burns, Adm.

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Mrs. Hazel E. Wood, Adm.

**HARRISON COUNTY**

**Old Capitol Rest Home**  
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**Country Manor Nursing Home**  
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Mrs. Dorothy A. Root, RN, Adm.

**Danville Nursing Home**  
64 N. High St., Danville  
Mrs. Pearl Perkins, Adm.

**Golden Rule Nursing Home**  
147 S. Wayne St., Danville  
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**Milhon Nursing Home**  
Clayton, Indiana  
Mrs. Malissie E. Milhon, Adm.

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**Rest Haven**  
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**Twilite Nursing Home**  
508 W. Taylor St., Kokomo  
Mrs. Jewel Novinger, Adm.

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**Davis Nursing Home**  
207 Frederick St., Huntington  
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Mrs. Imogene Goeglein, Adms.

**Jefferson Sanitarium**  
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**Moore Home**  
425 Hasty St., Huntington  
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743 N. Main St., Roanoke  
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GRACE SPINDLER, R.N. . . . Assistant Director of  
Nursing

ELLIOTT OTTE . . . Business Administrator

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South Union St., Pennville  
Mrs. Edith Lewis, RN, Adm.

**Portland Nursing Home, Inc.**  
406 W. Arch St., Portland  
Mrs. Mary Ellen Hearn, Pres.  
Mrs. Irma Wells, Sec'y

#### **JEFFERSON COUNTY**

**Glore Nursing Home**  
Box 31, North Madison  
Mrs. Flora Glore, Adm.

**Hilltop Rest Home**  
P.O. Box 67, North Madison  
Mrs. Susan Obertate and  
Mrs. Louise Obertate, Adms.

**Madison Nursing Home**  
726 W. Main St., Madison  
Mrs. Ella Shuell, RN, Adm.

#### **JOHNSON COUNTY**

**Boilanger Nursing Home**  
400 Kentucky Ave., Franklin  
Mrs. Everly Sandefur, Adm.

**Greenwood Hilltop Nursing Home**  
H. R. 2, Fry Rd., Greenwood  
Mr. and Mrs. C. A. Bryant,  
Adms.

**Janie's Nursing Home**  
651 S. State St., Franklin  
Mrs. Janie Johnson, Adm.

**Mickie Nursing Home**  
750 Madison St., Franklin  
Mrs. Mildred K. Trogdon, Adm.

#### **KNOX COUNTY**

**Compton's Nursing Home**  
319-321 College Ave., Vincennes  
Miss Bertha C. Compton, Adm.

**Moore's Nursing Home**  
204 W. 3rd St., Bicknell  
Mrs. Adaline Bernice Moore,  
Adm.

**Turner Convalescent Home**  
515 Perry St., Vincennes  
Clyde and Marylee Turner,  
Adms.

**Vincennes Nursing Home**  
703 Prairie St., Vincennes  
Mrs. Fern Junod, Adm.

#### **KOSCIUSKO COUNTY**

**Alfran Nursing Home #1**  
R. R. 1, Rd. 30, Pierceton  
Frank and Alice M. Wilson, RN,  
Adms.

**Alfran Nursing Home #2**  
East Center St., Warsaw  
Frank and Alice Wilson, RN,  
Adms.

**Armington Home**  
519 W. Winona Ave., Warsaw  
Mrs. Charles Armington, Adm.

**Bradbury Nursing Home**  
217 N. Detroit St., Warsaw  
Mrs. Hazel Bradbury, Adm.

**Dunroven Place Rest Home**  
R. R. 1, Leesburg  
Mrs. Al-Aroma Green, Adm.

**Orn Nursing Home**  
North Main St., Milford  
Mrs. Amos Orn, Adm.

#### **LAGRANGE COUNTY**

**Mrs. Marks' Rest Home**  
Mongo  
Mrs. Marie B. Marks, Adm.

#### **LAKE COUNTY**

**Beaton's Nursing Home**  
521 Pennsylvania St., Gary  
Mrs. Laura Beaton, Adm.

**Calloway's Nursing Home**  
1948 Massachusetts St., Gary  
Mrs. Tomye D. Calloway, Adm.

**Calloway's Nursing Home**  
1558 Fillmore St., Gary  
Mrs. Tomye D. Calloway, Adm.

**Deb-Mar Rest Home, Inc.**  
116 Ridge Ave., Munster  
Joseph Shapiro, M.D., Pres.

**Gearlds Rest Home**  
726 Sibley St., Hammond  
Mrs. Vida Gearlds, Adm.

**Green's Home**  
3960 Massachusetts St., Gary  
Mrs. Lillian Green, Adm.

**Hilltop Nursing Home**  
R. R. 2, Box 159, Crown Point  
Mrs. Olive Beggs, Adm.

**Hollow Acres Convalescent Home**  
317 S. Fremont St., Lowell  
Mrs. LaIva B. Davis, RN, Adm.

**Jayne Bryant Nursing Home**  
R. R. 1, U. S. 8, Crown Point  
Miss Ellen Jayne Bryant, Adm.

**Miller Nursing Home**  
2301 Adams St., Gary  
Miss Ida Miller, Adm.

**Mills Nursing Home**  
5011 Maryland St., Gary  
Mrs. Audrey Mills, Adm.

**Sanders Nursing Home**  
1944 Maryland St., Gary  
Mrs. LaGora Sanders, Adm.

**Shady Heights**  
R. R. 1, Dyer  
Mrs. Faye McGuire, Adm.

**South Side Nursing Home for the Aged**  
2481 Jefferson, Gary  
Mrs. Margaret S. Morgan, Adm.

**West End Convalescent Home**  
1501 Wheeler St., Gary  
Mrs. Esther G. Jones, Adm.

**Woodmar Nursing Home**  
6727 Baring Ave., Hammond  
Mrs. Geraldine Wiseley, Adm.

#### **LAPORTE COUNTY**

**Anderson Sanitarium**  
504 I St., LaPorte  
Carroll and Lula Anderson,  
Adms.

**Hampton Nursing Home**  
126 F St., Michigan City  
Mrs. Mary E. Hampton, Adm.

**Helene Rest Home**  
R. R. 3, W. Johnson Road, Box  
319, Michigan City  
Howard and Ellen Mae Prueter,  
Adms.

**Schofield Nursing Home**  
810 E. Michigan St., Michigan  
City  
Mrs. Florence D. Schofield, Adm.

**Webb Rest Home**  
310 Harrison St., LaPorte  
Mrs. Emily H. Webb, Adm.

**White Tower**  
209 State St., LaPorte  
Mrs. Esther Jones, Adm.

#### **LAWRENCE COUNTY**

**Bridwell Nursing Home**  
725 I St., Bedford  
Mrs. Vena V. Bridwell, Adm.

**Kinder Nursing Home #1**  
618 I St., Bedford  
Mrs. Mabel Kinder, Adm.

**Kinder Nursing Home #2**  
602 J St., Bedford  
Mrs. Mabel Kinder, Adm.

**Maicks Nursing Home**  
321 N. L St., Bedford  
Mrs. Minnie Maick, Adm.

**Norwood Nursing Home**  
812 Lincoln Ave., Bedford  
Mrs. Estella Norwood, Adm.



**Rest Haven Nursing Home**  
1010 W. Frank St., Mitchell  
Mrs. Kathleen King and  
Mrs. Dorothy Sheeks, Adms.  
**Stancombe Nursing Home**  
R. R. 5, Bedford  
Buddy and Oleta Stancombe,  
Adms.

#### MADISON COUNTY

**Bradford Nursing Home**  
625 W. Adams St., Alexandria  
Mrs. Alma Bradford, Adm.  
**Bright Memorial Home**  
2006 Jackson St., Anderson  
Mrs. Mary Braden, RN, Adm.  
**Davis Nursing Home**  
734 W. 14th St., Anderson  
Mrs. Sadye M. Davis, Adm.  
**Farrington Nursing Home**  
818 W. Washington St.,  
Alexandria  
Mrs. Alma Farrington, Adm.  
**Goble Home**  
332 W. 11th St., Anderson  
Olive and Oran Goble, Adms.  
**McGuire Nursing Home**  
2224 S. K St., Elwood  
Mrs. Nellie Fern McGuire, Adm.  
**McGuire Nursing Home**  
1901 N. "A" St., Elwood  
Mrs. Nellie Fern McGuire, Adm.  
**New Haven Nursing Home**  
1023 E. 8th St., Anderson  
Mrs. Josephine Wade, Adm.  
**Rahbek Nursing Home**  
711 W. 5th St., Anderson  
Mrs. Marie L. Rahbek, Adm.  
**Sanders Nursing Home**  
416 W. 12th St., Anderson  
Mrs. Vera M. Sanders, Adm.  
**Scott's Nursing Home**  
339 Broadway, Pendleton  
Mrs. Ruby Scott, Adm.  
**Shipley's Nursing Home**  
2417 Pearl St., Anderson  
Clarence and Mildred Shipley,  
Adms.

#### MARION COUNTY

**Ada's Golden Age**  
2115 Central Ave., Indianapolis  
Mrs. Ada Mohler, Adm.  
**Anthony Hall Nursing Home**  
2135 N. Alabama St.,  
Indianapolis  
Albert and Myrtle Hall, Adms.  
**Booker-Watts Convalescent Home**  
1409 Bellefontaine St.,  
Indianapolis  
Mrs. Geneva B. Watts, Adm.

**Booker-Watts Nursing Home**  
812 E. 14th St., Indianapolis  
Mrs. Geneva B. Watts, Adm.

**Central Nursing Home**  
2262 Central Ave., Indianapolis  
Mrs. Bertha Flagle, Adm.

**Christen Nursing Home**  
1930 Sugar Grove Ave.,  
Indianapolis  
Mrs. Ethel Christen, Adm.

**Clermont Nursing Home**  
23 E. Main St., Clermont  
Mrs. Blanche H. Cox, Adm.

**Conde Sanitarium**  
624 E. 12th St., Indianapolis  
Mr. Thomas E. Layne, Adm.

**Cottage Rest Home**  
46 S. Warman Ave., Indianapolis  
Mrs. Louise Wooldridge, Adm.

**Del-Ray Nursing Home**  
1336 N. Delaware St.,  
Indianapolis  
Mrs. Amos Jackson, Adm.

**Frame Nursing Home**  
373 N. Holmes Ave.,  
Indianapolis  
Mr. Bert Frame, Adm.

**Garner Nursing Home**  
1402 Carrollton Ave.,  
Indianapolis  
Mrs. Elizabeth Garner, Adm.

**Gronlund-Niles Nursing Home**  
1621 Park Ave., Indianapolis  
Miss Beulah Gronlund and  
Miss Marion Niles, Adms.

**Hillside Nursing Home**  
2370 Hillside Ave., Indianapolis  
Mrs. Ella Mason, Adm.

**Hooper Nursing Home**  
3213 N. Illinois St., Indianapolis  
Mrs. Carol H. Clover, Adm.

**Huff Sanitarium**  
115 S. Audubon Rd., Indianapolis  
Mesdames Rachel and  
Bettina Sullivan, Adms.

**Jackson Nursing Home #2**  
1812 Central Ave., Indianapolis  
Mrs. Amos Jackson, Adm.

**King Nursing Home**  
333 N. Delaware St.,  
Indianapolis  
Mrs. Henrietta P. Quinn, Adm.

**L & B Nursing Home**  
1645 N. College Ave.,  
Indianapolis  
Mrs. Nora Brown, Adm.

**Lou-Wise Nursing Home**  
2516 Central Ave., Indianapolis  
Mrs. Bessie Craig Cook, Adm.

**Lucille Nursing Home**  
614-16 N. Senate Ave.,  
Indianapolis  
Mrs. Lucille Maggard, Adm.

**Lucille Convalescent Home**  
618 N. Senate Ave., Indianapolis  
Mrs. Lucille Maggard, Adm.

**Lynhurst Nursing Home**  
5225 W. Morris St., Indianapolis  
Mrs. Ethel L. M. Herron, Adm.

**Marie Fred Nursing Home**  
604 N. Jefferson Ave.,  
Indianapolis  
Mrs. Marie Fred, RN, Adm.

**Matthews Rest Home**  
823 Broadway, Indianapolis  
Mrs. Ethel Matthews, Adm.

**Messer Nursing Home**  
2432 Central Ave., Indianapolis  
Gailord and Elsie Petty, Adms.

**Mohler Sanitorium**  
702-04 N. Alabama St.,  
Indianapolis  
Mr. John G. Harris, Adm.

**Murt-McCune Nursing Home**  
1629 College Ave., Indianapolis  
Mrs. Emma Murt and Mrs.  
Catherine McCune, Adms.

**Myrtle Lee Nursing Home**  
1429 Carrollton Ave.,  
Indianapolis  
Miss Mabel C. Smalley, Adm.

**New Hope**  
3131 N. Illinois St., Indianapolis  
Mrs. Julia M. Carelli, Adm.

**"Northwestern"**  
2413 Northwestern Ave.,  
Indianapolis  
Mrs. Ray Puryear, Adm.

**Olympia Nursing Home**  
6759 E. Washington St.,  
Indianapolis  
Mrs. Frances Limpus, Adm.

**Penn Rest**  
2014 N. Pennsylvania St.,  
Indianapolis  
Mrs. Grace Stamm, Adm.

**People's Nursing Home**  
2354-56 N. College Ave.,  
Indianapolis  
Rev. James and Marceline  
Jones, RN, Adm.

**Pike Sanitarium**  
2037 N. Illinois St., Indianapolis  
Mrs. Lillian G. Pike, Adm.

**Pleasant View Rest Home**  
5000 Southeastern Ave.,  
Indianapolis  
Mrs. Laura E. Weber, Adm.

**Robinson Private Homes**  
2250-54 Central Ave.,  
Indianapolis  
Mrs. Eunice Robinson, Adm.

**Rose Lawn Home**  
1408 N. Pennsylvania St.,  
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Mrs. Lucy V. Conner, Adm.

**Springer's Nursing Home**  
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**Suddarth Nursing Home**  
1445 Broadway, Indianapolis  
Mrs. Cleo Suddarth, Adm.

**Sunshine Nursing Home**  
4416 E. Washington St.,  
Indianapolis  
Mrs. Ethel M. Bills, Adm.

**Tall Cedars**  
R. R. 1, Box 27, Bridgeport  
Mrs. Ora A. Miley, Adm.

**Three Sisters Nursing Home**  
124 W. 26th St., Indianapolis  
Miss Harty Springfield and  
Miss Esther Springfield, Adms.

**Vollmer Convalescent Home**  
2630 College Ave., Indianapolis  
Mr. Emory H. Vollmer, Adm.

**Mrs. Waddle's Private Home**  
2112 N. Delaware St.,  
Indianapolis  
Mrs. Mabel S. Waddle, Adm.

**Ward Nursing Home**  
1518 N. Senate Ave.,  
Indianapolis

Mrs. Willa Mae Murray, Adm.  
**Weber Convalescing Home**  
43 S. Ritter Ave., Indianapolis  
Mrs. Laura E. Weber, Adm.

**Wildwood Restorium**  
895 Middle Dr., Woodruff Pl.,  
Indianapolis  
Mrs. Nellie Wildman, Adm.

**Wooldridge Nursing Home**  
2858 N. Illinois St., Indianapolis  
Mrs. Agnes L. Wooldridge, Adm.

#### **MARSHALL COUNTY**

**Austin Nursing Home**  
821 Angel St., Plymouth  
Mrs. Iva I. Miller, Adm.

**Bair Convalescent Home**  
801 N. Main St., Bourbon  
Mrs. Kathryn M. Hepler, RN,  
Adm.

**Jones Guest Home For Folks**  
Over 50  
1008 N. Center St., Bremen  
Mrs. Helen M. Jones, Adm.

**Landis Nursing Home**  
115 S. Maple Ave., Argos  
Mrs. Nerla Landis, Adm.

**Myers Nursing Home**  
R. R. 3, Box 159, Bremen  
Mrs. Pearl Myers, Adm.

**Sherman Nursing Home**  
203 Pennsylvania Ave.,  
Plymouth  
Mrs. Vesta K. Sherman, Adm.

#### **MARTIN COUNTY**

**O'Maley Rest Home**  
R. R. 4, Loogootee  
Fred W. O'Maley and  
Florence O'Maley, Adms.

#### **MIAMI COUNTY**

**Converse Nursing Home**  
405 E. Walnut St., Converse  
Mrs. Effie May Bell, Adm.

**The Miami Home**  
77 E. 3rd St., Peru  
Mr. and Mrs. Charles McDaniel,  
Adms.

**Parkview Rest Home**  
402 Armstrong Ave., Peru  
Mrs. Zella Armstrong, Adm.

**Peru Nursing Home**  
906 W. Main St., Peru  
Mrs. Margaret Harris and  
Mrs. Maxine Watts, Adms.

**Restwell Nursing Home**  
225 W. 10th St., Peru  
Miss Gertrude L. Flora, Adm.

#### **MONROE COUNTY**

**Fagan Nursing Home**  
R. R. 4, Bloomington  
Mrs. Ida B. Fagan, Adm.

**Percifield Nursing Home**  
1031 W. 6th St., Bloomington  
Mrs. Myrtle Percifield, Adm.

**Polley Nursing Home**  
705 W. 4th St., Bloomington  
Mrs. Elsie Mae Polley, Adm.

**Ellettsville Nursing Home**  
R. R. 7, Ellettsville  
Mrs. Louise E. Robinson, Adm.

#### **MONTGOMERY COUNTY**

**Ben Hur Home**  
1375 S. Grant, Crawfordsville  
Richard and Martha Williams,  
Adms.

**Hart Memorial Home**  
R. R. 1, Crawfordsville  
Mrs. Myrtle Johnson, Adm.

**Hazel Small Rest Home**  
N. Vine St., Wayntown  
Mrs. Hazel Small, Adm.

**Linden Nursing Home**  
Box 15, Linden  
L. Randolph and Alma Beuoy,  
Adms.

**Liter Nursing Home**  
1304 S. Grant Ave.,  
Crawfordsville  
Mrs. Vern Goben, Adm.

**Shahan Nursing Home**  
613 Kentucky St.,  
Crawfordsville  
Miss Eileen M. Shahan, Adm.

**Westbrook Nursing Home**  
R. R. 4, Crawfordsville  
Miss Mary E. Brooks, Adm.

#### **MORGAN COUNTY**

**Cherry Nursing Home**  
60 E. Harrison St., Martinsville  
Mrs. Zepha Cherry, Adm.

#### **NOBLE COUNTY**

**Golden Rule Nursing Home**  
R. R. 1, Pierceton  
Mr. and Mrs. H. F. Mock, Adms.

**Kondas Nursing Home**  
R. R. 1, Albion  
Mr. and Mrs. Steve Kondas,  
Adms.

**Marker Home**  
218 Gerber St., Ligonier  
Mrs. Mabel Marker, Adm.

#### **ORANGE COUNTY**

**The Gorge Retreat and Sanitarium**  
R. R. 2, Box 228, French Lick  
Miss Gertrude Haynes, RN, and  
Mrs. Myrtle Simpson, RN,  
Adms.

#### **OWEN COUNTY**

**Gosport Nursing Home**  
W. Main St., Gosport  
Mrs. Mary F. Wampler, Adm.

**Jones Nursing Home #1**  
379 W. Hillside Ave., Spencer  
Boyd and Mary Jones, Adms.

**Jones Nursing Home #2**  
R. R. 2, Spencer  
Boyd and Mary Jones, Adms.

**Reapp Nursing Home**  
Greencastle Road, Spencer  
Mrs. Jennie C. Reapp, Adm.

#### **PARKE COUNTY**

**Allen Nursing Home #1**  
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Mrs. Sylvia Allen, Adm.

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Mrs. Mildred Layman, Adm.

**Sanders Nursing Home**  
Mecca, Indiana  
Renzo and Edith Sanders, Adms.

**Wabash Valley Nursing Home**  
934 N. Jefferson St., Montezuma  
Mrs. Mildred Butler, Adm.

**Wallace Nursing Home**  
517 W. Ohio St., Rockville  
Mrs. Evelyn Wallace, Adm.

#### **PERRY COUNTY**

**Fleming Nursing Home**  
512 7th St., Tell City  
Mr. and Mrs. Allie Fleming,  
Adms.

#### **PIKE COUNTY**

**Fay's Convalescent Home**  
210 S. 14th St., Petersburg  
Mrs. Fay France, Adm.

**Petersburg Nursing Home**  
411 Walnut St., Petersburg  
Mrs. Mabel Ward, Adm.

#### **PORTER COUNTY**

**Beverly Shores Rest Home, Inc.**  
Broadway and Jones Sts.,  
Beverly Shores  
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Mrs. Sarah D. Millross, Resident  
Adm.

**Valparaiso Nursing Home**  
359 Greenwich St., Valparaiso  
Mr. and Mrs. Orel Goble, Adms.  
**Wood Nursing Home and Annex**  
R. R. 2, W. Dunes Highway,  
Michigan City  
Mrs. Helen O. Wood, Adm.

#### **POSEY COUNTY**

**Allison Nursing Home**  
Locust St., Poseyville  
Mrs. Lula Allison, Adm.  
**Burton Nursing Home**  
Main St., Cynthiana  
Mrs. Mary M. Burton, Adm.  
**L & R Nursing Home**  
215 E. Church St., New  
Harmony  
Mr. Leo W. Green, Adm.

#### **PUTNAM COUNTY**

**Craver Home**  
Avenue E, Box 15, Greencastle  
Mrs. Hannah Craver, Adm.  
**Donna Nursing Home**  
Main St., Cloverdale  
Mrs. Mildred Brown, Adm.

**Ruark Nursing Home**  
R. R. 1, Fillmore  
Mrs. Elsie C. Ruark, Adm.

#### **RANDOLPH COUNTY**

**Lamb's Nursing Home**  
R. R. 4, Union City  
Mrs. Bernice A. Lamb, Adm.  
**Shady Lawn Nursing Home**  
R. R. 3, Winchester  
Mrs. Marjorie Stewart, Adm.

#### **RIPLEY COUNTY**

**Conyers Convalescent Home**  
North Main St., Milan  
Mrs. Mary Colson, Adm.  
**Elsie Dreyer Nursing Home #1**  
South Main St., Sunman  
Miss Elsie Dreyer, Adm.  
**Elsie Dreyer Nursing Home #2**  
R. R. 1, Sunman  
Miss Elsie Dreyer, Adm.  
**Gilland Nursing Home #1**  
310 Craven St., Osgood  
Mr. and Mrs. Dan Gilland,  
Adms.

**Gilland Nursing Home #2**  
120 E. Ripley St., Osgood  
Mrs. Dan Gilland, Adm.

**The Milan Homestead**  
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**Rick Nursing Home**  
R. R. 1, Milan  
Paul and Inas Rick, Adms.

#### **RUSH COUNTY**

**Buchanan Rest Home**  
124 East 9th St., Rushville  
Mrs. Helen L. Buchanan, Adm.

**Cohee Rest Home**  
314 E. 10th St., Rushville  
Mrs. Harvey Cohee, Adm.

**Jackson Nursing Home**  
114 E. 5th St., Rushville  
Mrs. Goldie Jackson and  
Mrs. Marjorie Pearsey, Adms.

**Oster Nursing Home**  
420 N. Harrison St., Rushville  
Mrs. Pansy M. Oster, Adm.

**Rushville Nursing Home**  
321 N. Morgan St., Rushville  
Mrs. Marjorie Fordyce, Adm.

**Stewart Nursing Home**  
230 E. 7th St., Rushville  
Mr. and Mrs. Elmer Stewart,  
Adms.

#### **SHELBY COUNTY**

**Maples Convalescent Home**  
R. R. 1, Fountaintown  
Mr. Max D. McGraw, Adm.

**Waldron Nursing Home**  
Main St., Waldron  
Mrs. Evelyn V. Nasby, RN,  
Adm.

#### **SPENCER COUNTY**

**Mayhall Nursing Home**  
417 S. 6th St., Rockport  
Mrs. Alice Mayhall, Adm.

#### **ST. JOSEPH COUNTY**

**Burbridge Home**  
1217 S. Michigan St.,  
South Bend  
Mrs. Catherine Burbridge, Adm.

**Barbara Morrow Home**  
1107 S. Main St., South Bend  
Mrs. Barbara Morrow, Adm.

**Dina's Nursing Home**  
1209 S. Union St., Mishawaka  
Mrs. Dina Nove, Adm.

**Dor-A-Lin Convalescent Home**  
1024 N. Notre Dame Ave.,  
South Bend  
Mr. and Mrs. Franklin  
Finkenbinder, Adms.

**Elderly Folks Home**  
R.F.D. 1, Box 251, Lakeville  
Mrs. Louise Clements, Adm.

**Frame's Nursing Home**  
1526 Lincoln Way West,  
South Bend  
Mrs. Myrtle Frame, Adm.

**Grove Nursing Home**  
601 N. Main St., South Bend  
Mrs. Fern Grove, Adm.

**Gugle Home**  
714 West Oak St., South Bend  
Mrs. Myrtle Gugle, Adm.

**Ideal Nursing Home**  
5831 Western Ave., South Bend  
Mrs. Antoinette M. Vloch, Adm.

**Jones Nursing Home**  
702 S. Columbia St., South Bend  
Mrs. Vera Jones, Adm.

**Krogh Nursing Home**  
109 N. Cedar St., Mishawaka  
Mrs. Bernalda K. Miller, Adm.

**Lakeville Convalescent Home**  
R. R. 1, Lakeville  
Mrs. Lillian Roe, Adm.

**Lerch Nursing Home**  
1044 Lincoln Way West,  
South Bend  
Mrs. Beulah K. Lerch, Adm.

**Sunnybrook Nursing Home**  
515 Dixie Highway North,  
South Bend  
Mrs. Pauline Luther, Adm.



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Gone back to job; arthritic pain  
and restriction of activity im-  
proved. Feeling tops. Thanks to  
wonderful medicine you Rx'd.  
— Gratefully, WIFE.

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**Walkerton Nursing Home**  
500 Roosevelt Road, Walkerton  
Mrs. Doris Klapp, Adm.

**Whiteman Nursing Home**  
1145 Napier St., South Bend  
Mrs. Betty Whiteman, Adm.

**White Cap Nursing Home**  
741 W. Washington, South Bend  
Mrs. Edith L. Klodzinski, Adm.

#### STARKE COUNTY

**Healthmore**  
Hamlet, Indiana  
Mrs. Berniece Zellers, RN, Adm.

**Ruff Nursing Home**  
Culver Road, Knox  
Mrs. Alcinda Ruff, Adm.

#### STEUBEN COUNTY

**Angola Rest Home, Inc.**  
306 N. Wayne St., Angola  
Mrs. Ruth G. Libby, President  
**Edgewater Lodge**  
R.F.D. 3, 812 Roselawn Addn.,  
Angola  
Mrs. Edith Smith, Adm.

**Edith Nursing Home**  
116 N. Powers Street, Angola  
Mrs. Lois J. Adams, Adm.

#### TIPPECANOE COUNTY

**Burnett's**  
221 S. Ninth St., Lafayette  
Mrs. Maude L. Golden, Adm.

**Campbell Nursing Home**  
641 New York St., Lafayette  
Mrs. Alma Campbell, Adm.

**Cheesman Nursing Home**  
1021 N. 7th St., Lafayette  
Mrs. Verna I. Pickett, Adm.

**Laura M. Bowles Convalescent Home**  
147 Ford St., Clarks Hill  
Mrs. Laura M. Bowles, Adm.

**Scott Nursing Home for Women**  
1100 N. 9th St., Lafayette  
Mrs. Goldie Scott, Adm.

**Scott Nursing Home for Men**  
614 N. 8th St., Lafayette  
Mrs. Goldie Scott, Adm.

**West View Convalescent Home**  
106 Sylvia St., Lafayette  
Mrs. Ruth Wagoner, Adm.

#### TIPTON COUNTY

**Losey Rest Home**  
210 S. East St., Tipton  
Mrs. Constance Losey, Adm.

#### UNION COUNTY

**Scott Nursing Home**  
302 W. Union St., Liberty  
Mrs. Anna Scott, Adm.

#### VANDERBURGH COUNTY

**Bethany Rest Home**  
316 N. Wabash Ave., Evansville  
Mrs. Celeste Oakley and  
Mrs. Nancy K. Foster, Adms.

**Comfort Rest Home**  
1317 S. E. 2nd St., Evansville  
Mrs. Viola Barnes, Adm.

**Dorsey Nursing Home**  
1714 S. Governor St., Evansville  
Mrs. Laura Dorsey, Adm.

**Evans Nursing Home**  
605 Oak St., Evansville  
Mrs. Anna Evans, Adm.

**Fulton Rest Home**  
1328 N. Fulton Ave., Evansville  
Mrs. Grace L. Richter, Adm.

**Gee's Rest Home**  
807-11 S. E. 3rd St., Evansville  
Mrs. Leona Gee, Adm.

**Gertha's Nursing Home**  
605 Oakley St., Evansville  
Mrs. Gertha Hendrickson, Adm.

**Ingle Smith Home**  
521 S. E. 1st St., Evansville  
Mrs. Della Ingle Smith, RN,  
Adm.

**Kueber Nursing Home**  
816 First Avenue, Evansville  
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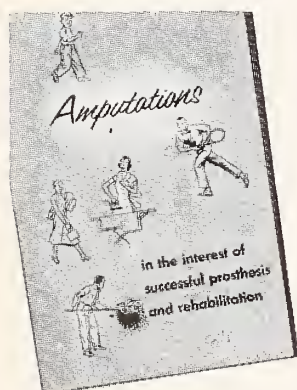
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# Deaths of Indiana Physicians in 1956

(Compiled by James B. Maple, M.D., Chairman of Committee on Necrology)  
(M) Member I.S.M.A.; (S) Senior Member; (R) Retired

Name	Age	Date of Death	Address	Cause of Death
Shanklin, Eldridge M. (S)	80	Jan. 5	Hammond	Uremia and arteriolar nephrosclerosis
Comer, Charles W. (M)	40	Jan. 11	Mooresville	Uremia and pyelonephritis
DeForest, Daniel F.	83	Jan. 29	South Bend	Coronary thrombosis. Arteriosclerotic heart disease
Grover, Orrie I. M.	93	Feb. 3	Marion	Cerebral vascular accident. Arteriosclerotic heart disease
Stone, Charles E. (S)	76	Feb. 8	Bedford	Hip fracture. Bronchopneumonia. Myocardial infarction
Washburn, Will W. (M)	55	Feb. 10	Lafayette	Carcinoma of the pancreas
Schlegel, Edward H. (M)	62	Feb. 13	Fort Wayne	Coronary occlusion
Van Kirk, George H. (S)	76	Feb. 14	Kentland	Acute coronary occlusion
Jones, Clifford M. (M)	62	Feb. 16	Whiting	Arteriosclerotic heart disease
Lawrence, Edwin A. (M)	45	Feb. 20	Indianapolis	Cerebral metastasis. Bronchogenic carcinoma
Staufft, Hannah	87	Feb. 20	Dunlap	Cerebral hemorrhage. Generalized arteriosclerosis
Thayer, Joseph O. (M)	70	Feb. 22	Noblesville	Acute myocardial infarction. Arteriosclerotic heart disease
Phillips, William R. (R)	77	Mar. 3	Rushville	Bronchopneumonia
Cleveland, Ernest S.	70	Mar. 9	Colfax	Tuberculosis
Senseny, Herbert M. (M)	71	Mar. 12	Fort Wayne	Coronary occlusion
Metcalf, George B. (M)	64	Mar. 13	Anderson	Rupture of abdominal aortic aneurysm
Schlesinger, D. Jacob (M)	64	Mar. 14	Hammond	Acute coronary occlusion
Rice, Clayton L. (M)	46	Mar. 14	New Haven	Accidental overdose of paraldehyde
McAlpin, Robert B.	86	Mar. 19	Morocco	Cerebral thrombosis. Cerebral arteriosclerosis
Moreland, Edgar W.	90	Mar. 23	Fort Wayne	Acute heart failure. Arteriosclerotic heart disease
Stewart, Omer H. (S)	74	Mar. 24	Aurora	(Died in Cincinnati)
Swails, J. Arthur (R)	85	Mar. 28	Acton	
Black, Claude S. (S)	76	Mar. 28	Warren	Gastric ulcer with hemorrhage
Langenbahn, Carl J. (M)	55	Mar. 29	South Bend	Acute myelogenous leukemia
Gillum, John R. (M)	77	Mar. 30	Terre Haute	Pulmonary hemorrhage. Carcinoma of left lung
Fox, Richard H. (S)	87	Apr. 3	Bicknell	Carcinoma of the bladder
Hamilton, R. C. (R) (M)	68	Apr. 3	Highland	Cerebral hemorrhage
Sagel, Jacob S. (M)	55	Apr. 5	Gary	Myocardial infarction. Coronary occlusion. Arteriosclerosis
Hummons, Henry L. (M)	83	Apr. 5	Indianapolis	Cerebral thrombosis. Arteriosclerosis
Adams, Charles J. (M)	73	Apr. 7	Kokomo	Cerebral hemorrhage
Spath, Carl B. (M)	71	Apr. 8	Indianapolis	
Buckman, Robert J. (M)	52	Apr. 9	Chesterton	Virus pneumonia
Hughes, William F. (M) (S)	84	Apr. 19	Indianapolis	Cerebral hemorrhage
Otten, Erich	53	May 5	Indianapolis	Pulmonary thrombosis
Jones, Murrell D. T.	28	May 5	Bluffton	(Died in Baltimore)
Greene, Claude D. (M)	70	May 6	Spencer	Carcinomatosis. Carcinoma of the rectum
Deer, Blan F.	68	May 8	Indianapolis	Paralysis agitans
Williams, John H.	76	May 12	Muncie	Carcinoma of the rectum
McCracken, Jacob O. (S)	81	May 12	Montgomery	Carcinoma of the nasopharynx
Buxton, Eva J.	92	May 14	Rockport	Cerebrovascular accident
Mehl, Rudolph A. (M)	50	May 21	Evansville	Coronary occlusion
Hildebrand, W. O. (S) (M)	80	June 4	Topeka	Acute coronary thrombosis. Arteriosclerotic heart disease
Vermilya, Joseph C.	84	June 17	Brownstown	Valvular heart disease. Arteriosclerosis
McKinstry, Homer R. (S)	76	June 21	Oaklandon	Arteriosclerosis
McGary, Joseph R.	99	June 23	Evansville	Arteriosclerosis

Name	Age	Date of Death	Address	Cause of Death
Loomis, DeWitt	70	June 24	Boonville	Cerebral hemorrhage
Spurgeon, Leota M.	75	June 27	Tipton	Congestive heart disease. Arteriosclerosis
Schuldt, Theodore S. (M)	67	July 1	Pierceton	Cerebral accident. Arteriosclerotic heart disease
Hoffman, Sterling P. (M)	71	July 4	Fort Wayne	Cerebral thrombosis. Arteriosclerosis
Leeson, Ernest E. (R)	84	July 6	DeMotte	(Died in Florida)
Douglas, George R. (S)	82	July 8	Valparaiso	Coronary occlusion
Nance, William K.	57	July 13	Vincennes	Coronary thrombosis
Wyatt, Fred H. (M)	69	July 14	Denver	Pulmonary embolism
Weakly, Bertram (R)	85	July 15	Indianapolis	
Kamman, George H. (S)	86	July 20	Seymour	Coronary occlusion
Hollingsworth, Albert A. (S)	76	July 22	Indianapolis	Generalized carcinomatosis. Primary pancreatic carcinoma
Maxwell, John B. (S)	97	July 5	Logansport	Hypostatic pneumonia
Younan, Thomas (M)	46	Aug. 8	Shelbyville	Carcinoma of the lung. Metastasis to bone, liver and heart
Whitehead, John M. (M)	67	Aug. 9	Indianapolis	Cerebral infarction. Coronary insufficiency. Generalized arteriosclerosis. Fracture of hip
Dale, Joseph W. (M)	68	Aug. 18	Chesterton	Acute drug intoxication
Glass, Jacob C. (R)	82	Aug. 19	Greensburg	Lobar pneumonia
Smith, Paul E. (M)	53	Aug. 26	Bloomington	Aortic stenosis
Eckles, Dora B.	84	Aug. 28	West Lafayette	Hypostatic pneumonia. Cerebrovascular accident
Hicks, Joseph (S)	89	Aug. 31	Arcadia	Pulmonary embolus. Carcinoma of the prostate
Colglazier, Granville G.	77	Sept. 6	Leipsic	Coronary occlusion. Arteriosclerosis
Canada, Clement L.	76	Sept. 22	Indianapolis	Coronary occlusion with thrombosis. Diabetes mellitus
Brown, James A., Jr. (M)	50	Sept. 25	Evansville	Pancreatitis. Hepatitis. Cholecystitis. Cholelithiasis
LaRocca, Joseph (M)	59	Sept. 25	Valparaiso	Heart disease
Barnum, Emerson (M)	73	Sept. 28	Shelbyville	Cardiovascular renal disease
Parramore, Grace Ryan	81	Oct. 12	Crown Point	Carcinoma of the ovary with metastasis
Hatfield, Benjamin F. (M)	69	Oct. 15	Indianapolis	Acute myocardial infarction. Posterior coronary occlusion. A. V. block
Jones, William W. (M)	50	Oct. 20	Frankfort	Rupture and hemorrhage of esophageal varices
Coffman, John S.	93	Oct. 22	Muncie	Fracture of the hip
Tracy, J. Ross (M)	69	Nov. 1	Anderson	Padget's disease. Partial coronary occlusion
Samples, John T. (S)	79	Nov. 1	Boonville	Cerebral thrombosis
Pulver, Michael	51	Nov. 7	Fort Wayne	Myocardial infarction. Coronary arteriosclerosis
Dunham, Grover C.	72	Nov. 15	Kempton	Coronary occlusion
Smith, Grover A. (M)	70	Nov. 17	New Haven	Cerebral hemorrhage. Hypertension
Wegner, William G. (S)	83	Nov. 17	South Bend	Arteriosclerotic heart disease
Sloss, I. Herman (M)	71	Nov. 19	Terre Haute	Toxemia. Gangrene. Necrosis. Diabetes mellitus
Lung, Bruce D. (M)	68	Nov. 24	Kokomo	Multiple myeloma
Ernst, Helmuth C. W. (M)	64	Nov. 27	East Chicago	Cerebral hemorrhage. Hypertension
Waymire, Elbert S. (M)	70	Dec. 4	Indianapolis	Coronary occlusion
Ward, Joseph W. (M)	84	Dec. 12	Indianapolis	Cerebral arteriosclerosis
Stemm, William H. (S)	95	Dec. 16	North Vernon	Hemorrhage from gastrointestinal tract





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you pay in *your* electric bills. So *your* share of taxes has to be increased to pay *their* share.

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**PUBLIC SERVICE COMPANY OF INDIANA, INC.**



# PRESIDENTS OF THE INDIANA STATE MEDICAL ASSOCIATION SINCE ITS ORGANIZATION

Medical Convention	Elected	Served	Medical Association	Elected	Served
*Livingston Dunlap, Indianapolis----	1849	1849	*Jonas Stewart, Anderson-----	1903	1904
<b>Medical Society</b>			*George T. MacCoy, Columbus-----	1904	1905
*William T. S. Cornett, Versailles----	1849	1850	*George H. Grant, Richmond-----	1905	1906
*Ashahel Clapp, New Albany-----	1850	1851	*George J. Cook, Indianapolis-----	1906	1907
*George W. Mears, Indianapolis-----	1851	1852	*David C. Peyton, Jeffersonville-----	1907	1908
*Jeremiah H. Brower, Lawrenceburg--	1852	1853	*George D. Kahlo, French Lick-----	1908	1909
*Elizur H. Deming, Lafayette-----	1853	1854	*Thomas C. Kennedy, Shelbyville----	1909	1910
*Madison J. Bray, Evansville-----	1854	1855	*Frederick C. Heath, Indianapolis---	1910	1911
*William Lomax, Marion-----	1855	1856	*William F. Howat, Hammond-----	1911	1912
*Daniel Meeker, LaPorte-----	1856	1857	*A. C. Kimberlin, Indianapolis-----	1912	1913
*Talbot Bullard, Indianapolis-----	1857	1858	*John P. Salb, Jasper-----	1913	1914
*Nathan Johnson, Cambridge City---	1858	1859	*Frank B. Wynn, Indianapolis-----	1914	1915
*David Hutchinson, Mooresville-----	1859	1860	*George F. Keiper, Lafayette-----	1915	1916
*Benjamin S. Woodworth, Ft. Wayne	1860	1861	*John H. Oliver, Indianapolis-----	1916	1917
*Theophilus Parvin, Indianapolis----	1861	1862	*Joseph Rilus Eastman, Indianapolis--	1917	1918
*James F. Hibberd, Richmond-----	1862	1863	*William H. Stemm, North Vernon---	1918	1919
*John Sloan, New Albany-----	1863	----	*Charles H. McCully, Logansport-----	1919	1920
*John Moffett (acting), Rushville----	1863	1864	*David Ross, Indianapolis-----	1920	1921
*Samuel L. Linton, Columbus-----	1864	----	*William R. Davidson, Evansville----	1921	1922
*Wilson Lockhart (acting), Danville--	1864	1865	*Charles H. Good, Huntington-----	1922	1923
*Myron H. Harding, Lawrenceburg--	1865	1866	*Samuel E. Earp, Indianapolis-----	1923	1924
*Vierling Kersey, Richmond-----	1866	1867	*Eldridge M. Shanklin, Hammond-----	1924	1925
*John S. Bobbs, Indianapolis-----	1867	1868	Charles N. Combs, Terre Haute-----	1925	1926
*Nathaniel Field, Jeffersonville-----	1868	1869	*Frank W. Cregor, Indianapolis-----	1926	1927
*George Sutton, Aurora-----	1869	1870	George R. Daniels, Marion-----	1926	1928
*Robert N. Todd, Indianapolis-----	1870	1871	Charles E. Gillespie, Seymour-----	1927	1929
*Henry P. Ayres, Ft. Wayne-----	1871	1872	*Angus C. McDonald, Warsaw-----	1928	1930
*Joel Pennington, Milton-----	1872	1873	*Alois B. Graham, Indianapolis-----	1929	1931
*Isaac Casselberry, Evansville-----	1873	----	Franklin S. Crockett, Lafayette-----	1930	1932
*Wilson Hobbs (acting), Knightstown	1873	1874	*Joseph H. Weinstein, Terre Haute--	1931	1933
*Richard E. Houghton, Richmond----	1874	1875	*Everett E. Padgett, Indianapolis----	1932	1934
*John H. Helm, Peru-----	1875	1876	*Walter J. Leach, New Albany-----	1933	1935
*Samuel S. Boyd, Dublin-----	1876	1877	Roscoe L. Sensenich, South Bend...	1934	1936
*Luther D. Waterman, Indianapolis--	1877	1878	*Edmund D. Clark, Indianapolis-----	1935	1937
*Louis Humphreys, South Bend-----	1878	----	Herman M. Baker, Evansville-----	1936	1938
*Benj. Newland (acting), Bedford (v.p.)	1878	1879	*Edmund M. Van Buskirk, Ft. Wayne--	1937	1939
*Jacob R. Weist, Richmond-----	1879	1880	Karl R. Ruddell, Indianapolis-----	1938	1940
*Thomas B. Harvey, Indianapolis----	1880	1881	*Albert M. Mitchell, Terre Haute----	1939	1941
*Marshall Sexton, Rushville-----	1881	1882	Maynard A. Austin, Anderson-----	1940	1942
*William H. Bell, Logansport-----	1882	1883	Carl H. McCaskey, Indianapolis-----	1941	1943
*Samuel E. Mumford, Princeton-----	1883	1884	*Jacob T. Oliphant, Farmersburg----	1942	1944
*James H. Woodburn, Indianapolis---	1884	1885	Neslen K. Forster, Hammond-----	1943	1945
*James S. Gregg, Ft. Wayne-----	1885	1886	*Jesse E. Ferrell, Fortville-----	1944	1946
*General W. H. Kemper, Muncie-----	1886	1887	*Floyd T. Romberger, Lafayette-----	1945	1947
*Samuel H. Charlton, Seymour-----	1887	1888	Cleon A. Nafe, Indianapolis-----	1946	1948
*William H. Wishard, Indianapolis---	1888	1889	Augustus P. Hauss, New Albany-----	1947	1949
*James D. Gatch, Lawrenceburg-----	1889	1890	*C. S. Black, Warren-----	1948	1950
*Gonsolvo C. Smythe, Greencastle----	1890	1891	Alfred Ellison, South Bend-----	1949	1951
*Edwin Walker, Evansville-----	1891	1892	J. William Wright, Indianapolis-----	1950	1952
*George F. Beasley, Lafayette-----	1892	1893	Paul D. Crimm, Evansville-----	1951	1953
*Charles A. Daugherty, South Bend..	1893	1894	Wm. Harry Howard, Hammond-----	1952	1954
*Elijah S. Elder, Indianapolis-----	1894	----	Walter L. Portteus, Franklin-----	1953	1955
Charles S. Bond (acting), Richmond	1894	1895	Walter U. Kennedy, New Castle-----	1954	1956
*Miles F. Porter, Ft. Wayne-----	1895	1896	Elton R. Clarke, Kokomo-----	1955	1957
*James H. Ford, Wabash-----	1896	1897			
*William N. Wishard, Indianapolis---	1897	1898			
*John C. Sexton, Rushville-----	1898	1899			
*Walker Schell, Terre Haute-----	1899	1900			
*George W. McCaskey, Ft. Wayne----	1900	1901			
*Alembert W. Brayton, Indianapolis--	1901	1902			
*John B. Berteling, South Bend-----	1902	1903			

\*Deceased.



# Constitution and By-Laws

## of the

### Indiana State Medical Association

#### CONSTITUTION

##### ARTICLE I.—NAME OF THE ASSOCIATION

The name and title of this organization shall be the Indiana State Medical Association.

##### ARTICLE II.—PURPOSES OF THE ASSOCIATION

The purposes of this Association shall be to federate and bring into one compact organization the medical profession of the State of Indiana, and to unite with similar societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to protect its members against imposition; and to enlighten and direct public opinion in regard to the great problems of medical care, and public health, so that the profession shall become more capable and honorable within itself and more useful to the public in the prevention and cure of disease and in prolonging and adding comfort to life.

##### ARTICLE III.—COMPONENT SOCIETIES

Component societies shall consist of those county medical societies which hold charters from this Association.

##### ARTICLE IV.—COMPOSITION OF THE ASSOCIATION

Section 1.—This Association shall consist of Active Members, Associate Members, Senior Members and Honorary Members.

Sec. 2.—*Active Members.*—The active members of this Association shall be the members of the component county medical societies, and no county medical society shall grant membership therein on a basis that does not include membership in the Indiana State Medical Association.

Sec. 3.—*Associate Members.*—Members of the Indiana State Dental Association in good standing are, by virtue of their membership therein, made associate members of the Indiana State Medical Association.

Sec. 4.—*Senior Members.*—Senior members shall be physicians of the State of Indiana who have attained the age of seventy-five years and have held membership in the Indiana State Medical Association for twenty years or more, and who, upon their application, have been certified to the executive secretary as eligible for such member-

ship by the county societies of which they are members.

All members who, previous to the adoption of this amendment to the constitution, were certified as honorary members on the basis of the above qualifications, shall hereafter be classified as senior members.

Sec. 5.—*Honorary Members.*—Honorary members shall consist of teachers, scientists and others who have rendered highly meritorious service to the profession of medicine, and of physicians and surgeons of distinction, upon whom the Association may, through vote of the House of Delegates, desire to confer such membership as a special honor.

Sec. 6.—*Rights and Privileges of Members.*—Active members and senior members shall have the same rights and privileges except as follows:

a. Senior members shall not be required to pay membership dues in the State Association.

b. If senior members desire to receive THE JOURNAL of the State Association, they shall pay the regular subscription price therefor.

c. Honorary members hereafter elected shall hold such membership as an honor and distinction and shall have the right to attend meetings of the Association. They shall have the privilege of participating in discussions but shall have no right to vote or to hold office. They shall not be required to pay membership dues in the State Association.

##### ARTICLE V.—HOUSE OF DELEGATES

The House of Delegates shall be the legislative and business body of the Association and shall consist of (1) Delegates elected by the component county societies; (2) the Councilors; and (3) the ex-presidents of the Indiana State Medical Association. The following shall be *ex officio* members: the President, the President-elect, the Executive Secretary, the Treasurer of this Association, and the delegates to the American Medical Association, all without power to vote, except in case of a tie vote, when the President or person presiding shall cast the deciding vote.

##### ARTICLE VI.—COUNCIL

The Council shall consist of (1) the Councilors, and (2) *ex officio* the President, President-elect, and Treasurer with power to vote. Besides its duties mentioned in the By-Laws, it shall constitute the Board of Trustees of this organization,

having full charge and control of all the property of the Association. It shall have full authority and power of the House of Delegates between sessions of the House of Delegates, except that it shall not make changes in the laws governing the Association nor exercise legislative functions, except as stated in the By-Laws, and at all times shall be the finance committee of the Association. Seven Councilors shall constitute a quorum.

#### **ARTICLE VII.—SECTIONS AND DISTRICT SOCIETIES**

The House of Delegates may provide for a division of the scientific work of the Association into appropriate sections; and for the organization of such Councilor District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component county societies. Councilor districts shall be defined by the House of Delegates.

#### **ARTICLE VIII.—CONVENTION AND MEETINGS**

**Section 1.**—The Association shall hold an Annual Convention during which there shall be held such general and section meetings as the Association through its duly constituted officers and committees may provide for.

**Sec. 2.**—The House of Delegates shall select the place two years in advance for holding the annual convention. The time for the convention shall be fixed by the Council, and the Council shall have the power also to change the place for holding the convention where conditions may create difficulties in holding a successful convention at the place designated by the House of Delegates.

**Sec. 3.**—Special meetings of either the Association or the House of Delegates shall be called by the President on petition of twenty delegates or fifty members.

#### **ARTICLE IX.—OFFICERS**

**Section 1.**—The officers of this Association shall be a President, a President-elect, an Executive Secretary, a Treasurer, and thirteen Councilors, each of whom shall be a member, except the Executive Secretary, who need not necessarily be either a physician or a member.

**Sec. 2.**—The officers, except the Councilors and the Executive Secretary, whose election has been provided for hereinafter, shall be elected annually. The terms of elected Councilors shall be for three years and approximately one-third of the number shall be elected annually. No Councilor shall be eligible to serve longer than two consecutive three-year terms, effective with the beginning of his next election following the adoption of this amendment.

All of these officers shall serve until their successors are elected and installed. Provided, that if

any elected Councilor fails, without reason acceptable to the Council, in any one calendar year to attend a majority of the meetings of the Council, he shall thereby cease to be a Councilor, and the Executive Secretary shall thereupon take action in accordance with Section 4 of this article.

**Sec. 3.**—The officers of this Association with the exception of the Executive Secretary shall be elected by the House of Delegates as the first order of business of the last day of the Annual Convention, and no person shall be elected to any such office who is not in attendance on that Annual Convention and who has not been a member of the Association for the preceding two years.

**Sec. 4.**—The Councilors shall be elected by the respective district societies. If any district fails to meet and elect its Councilor by the time of expiration of the incumbent's term of office, the Executive Secretary of the Association shall cause a special meeting to be called by said district society for the purpose of such election.

**Sec. 5.**—Each Councilor district shall elect an alternate Councilor whose term of office shall be the same as the Councilor, namely three years. The alternate Councilor shall be elected in a year during which there is no Councilor elected.

The duties of the alternate Councilor shall be:

1. To represent the Councilor district in the absence of the regularly elected Councilor.

2. To vote only in the absence of the regularly elected Councilor either in the House of Delegates or in Council meetings where he represents the regularly elected Councilor.

3. The alternate Councilor shall not have the power of discussion if the regularly elected Councilor is present.

**Sec. 6.**—Any officer may be removed from office after a hearing before the Council, on thirty days' notice, on charges in writing, upon a vote of three-fourths of the members of the Council.

**Sec. 7.**—In event of the death, resignation, removal, or disability of the President, the President-elect shall succeed to the presidency. In the event of the death, disability, resignation or removal of both the President and the President-elect, the chairman of the Council shall become President pro tem and as such shall, within a period of sixty days, call a special session of the members of the House of Delegates for the purpose of electing members to fill these vacancies, who shall serve until the next regular meeting of the House of Delegates, at which time both a President and a President-elect shall be elected, both of whom shall take office immediately upon their election.

**Sec. 8.**—A vacancy in the office of Treasurer shall be filled by an election by the Councilors



at the next regular meeting of the Council following the occurrence of such vacancy.

Sec. 9.—In the event of a vacancy occurring from any cause, except expiration of the term of office, in the office of any district councilor, the duly elected alternate councilor from the same district shall succeed to the office of councilor in that district for the unexpired term of said councilor.

In the event vacancies occur in any councilor district in the offices of both councilor and alternate councilor, the vacancies shall be filled by an election by the members of the association within the councilor district in which such vacancies occur. A call for such elections shall be issued by the executive secretary of the State Association following conference with the officers of the district organization. The call shall state the time and place of holding the election and shall be sent registered mail to the county secretary as filed in the State secretary's office of each component society within the district. Such call shall be mailed within ten days after the State secretary has learned of the vacancies. The election may be held at a special or regular meeting in which other business than the election may be transacted. Such election shall be held within fifteen days after the secretary of the State Association shall have mailed such call.

Sec. 10.—None of the officers shall receive compensation except the Executive Secretary, who shall be employed by the Council, and the Council shall fill any vacancy in that office.

#### **ARTICLE X.—RECIPROCITY OF MEMBERSHIP WITH OTHER STATE SOCIETIES**

In order to broaden professional fellowship, this Association is ready to arrange with other State Medical Associations for an interchange of certificates of membership so that members moving from one state to another may avoid the formality of re-election.

#### **ARTICLE XI.—INCOME AND EXPENSES**

Funds for carrying on the activities of this Association shall be raised by the following means:

a. Membership dues to be collected by the component county societies in connection with the dues for such component societies. The amount of the dues of each component society shall be fixed by the society itself; and the amount of dues for this Association shall be fixed from time to time by the House of Delegates.

b. Voluntary contributions.

c. Revenues derived from the Association's publications.

d. Any other manner approved by the House of Delegates.

Funds may be appropriated by the House of Delegates to defray the expenses of the Association,

for publications, and for such other purposes as will promote the welfare of the profession. All motions and resolutions appropriating funds must be referred to the Council for approval before final action is taken thereon.

#### **ARTICLE XII.—REFERENDUM**

Section 1.—A General Meeting of the Association may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered the House of Delegates shall submit such question to the members of the Association, who may vote by mail or in person, and if the members voting shall comprise a majority of all the members of the Association, a majority of such vote shall determine the question and be binding on the House of Delegates.

Sec. 2.—The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

#### **ARTICLE XIII.—THE SEAL**

The Association shall have a common Seal, with power to break, change or renew the same at pleasure.

#### **ARTICLE XIV.—AMENDMENTS**

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the delegates present at any Annual Convention, provided that such amendment shall have been presented in open meeting at the previous Annual Convention, and that it shall have been published twice during the year in THE JOURNAL of this Association.

#### **BY-LAWS**

##### **CHAPTER I.—MEMBERSHIP**

Section 1.—The term "Member" as used in these By-Laws unless otherwise indicated shall mean both active and senior members of component county medical societies who hold either the Degree of Doctor of Medicine or Bachelor of Medicine.

Sec. 2.—Any physician who is a member in good standing of a component county society and who has paid to this Association his annual dues is a member in good standing of the Indiana State Medical Association, provided, however, that he is a citizen of the United States of America, or has filed his declaration of intention of becoming a citizen and his first citizenship papers are in full force and effect.

Sec. 3.—No person who is under sentence of suspension or expulsion from a component society, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or benefits of this Association, nor shall he be permitted to take part in any of its proceedings until he has been relieved of such disability.

Sec. 4.—Each member in attendance at the An-

nual Convention shall register by indicating the component society of which he is a member. When his right to membership has been verified, by reference to the roster of his society, he shall receive a badge, which shall be evidence of his right to all the privileges of membership at that convention. No member shall take part in any of the proceedings of an Annual Convention until he has complied with the provisions of this section.

#### CHAPTER II.—GENERAL MEETINGS

**Section 1.**—General Meetings shall mean all meetings planned for attendance by all registered members, and shall include those meetings in which guests of registered members or the general public are also invited. The address of the President may be delivered in a General Meeting, and the programs of General Meetings shall be arranged by the Executive Committee except where scientific papers are included, in which event the scientific part of the program shall be arranged by the Committee on Scientific Work, with the sanction and approval of the officers.

**Sec. 2.**—The General or Section Meetings may recommend to the House of Delegates the appointment of committees or commissions for scientific investigation of special interest and importance to the profession and public.

**Sec. 3.**—All scientific papers read before the Association or any of the sections shall become its property and shall not be published in any but the official publications of this Association, except by consent of the officers and the Editorial Board of this Association. Each such paper shall be deposited with the Executive Secretary when read.

**Sec. 4.**—The Council shall appropriate from the funds of the Association for such an amount as in the discretion of the Council shall be reasonably needed for that purpose, and no commitments shall be made for expenses in excess of the amount appropriated for such Convention. The funds so appropriated shall, upon the approval of the Executive Committee, be expended at the direction of the Committee on Convention Arrangements appointed by the President for the Convention for which the appropriation is made. All money in excess of that expended for actual expenses incurred shall revert each year to the treasury of the Association.

#### CHAPTER III.—SECTIONS

**Section 1.**—During the Annual Convention the Association in addition to the general meetings may hold the following section meetings:

- a. Surgical.
- b. Medical.
- c. Eye, Ear, Nose, and Throat.
- d. Anesthesia.
- e. General Practice.
- f. Obstetrics and Gynecology.
- g. Preventive Medicine and Public Health.

h. Any other sections that hereafter may be provided for by the House of Delegates.

**Sec. 2.**—The officers of each section shall be a Chairman, a Vice-Chairman, and a Secretary, and they shall preside over the meetings of the sections and shall be responsible to the Committee on Scientific Work for the section speakers and papers.

**Sec. 3.**—The election of officers of the sections shall be the last order of business of the last meeting of the sections during the Annual Convention.

**Sec. 4.**—No section meeting shall be allowed to conflict with a general meeting.

#### CHAPTER IV.—HOUSE OF DELEGATES

**Section 1.**—The House of Delegates may meet on the day before the date set for the beginning of the general registration of the attendance at the Annual Convention. It may adjourn from time to time as may be necessary to complete its business, provided that its hours shall conflict as little as possible with the General or Section Meetings. It shall meet on the last day of the Annual Convention for the election of officers for the ensuing year, and for the completion of any business previously introduced. The order of business shall be arranged as a separate section of the program.

**Sec. 2.**—Each component county society shall be entitled to send to the House of Delegates each year one delegate for every fifty members and one for each major fraction thereof; but, irrespective of the number of members, each component society which has made its annual report and paid its assessments, as provided in this Constitution and By-Laws, shall be entitled to one delegate, except that where a component society is made up of physicians of more than one county, each county shall be entitled to at least one delegate and one alternate delegate who shall be a resident of the county he represents as a delegate or alternate delegate and who shall be selected by the physicians residing in such county.

The number of Delegates to which each Component Society is entitled shall be based upon the number of members on record in the office of the Executive Secretary in good standing with current dues fully paid as of December 31 of the preceding year.

The names of duly elected delegates and alternates from each component society shall be sent to the Executive Secretary of this Association annually on or before December first prior to the Annual Convention at which such delegates are to serve. No one shall be entitled to a seat in the House of Delegates unless his credentials as a delegate or alternate, properly signed by the secretary of his county society, be presented to the Committee on Credentials at the time of the Annual Convention.



Sec. 3.—Fifty delegates shall constitute a quorum.

Sec. 4.—The House of Delegates shall:

a. Elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body.

b. Divide the State into Councilor Districts, specifying what counties each district shall include, and when the best interests of the Association and profession will be promoted thereby, organize in each district a medical society, and all members of component county societies, and no others, shall be members of such district societies.

c. Have authority to appoint committees for special purposes from among members of the Association who need not be members of the House of Delegates. Such committees shall report to the House of Delegates, and the members of such committees may be present and participate in the debate on their reports.

d. Approve all memorials and resolutions issued in the name of the Association before the same shall become effective.

Sec. 5. — Funds may be appropriated by the House of Delegates, subject to approval by the Council, for such purposes as will promote the welfare of the Association and the profession.

Sec. 6.—At the first meeting the President shall announce the membership of the reference committees, as hereinafter provided for, and any other committees considered by him necessary to expedite the business of the Association.

Sec. 7.—All resolutions to be presented to the House of Delegates for action shall be prepared and mailed to the Executive Secretary of the Association so that he will receive them not later than forty-five days prior to the meeting of the House of Delegates to which the resolutions will be presented for action:

Provided, that this sub-section of the By-Laws may be suspended with respect to any resolution upon a two-thirds majority vote of the House of Delegates.

#### CHAPTER V.—ELECTION OF OFFICERS

Section 1.—The election of officers shall be the first order of business of the House of Delegates after the reading of the minutes on the last day of the Annual Convention.

Sec. 2.—All elections shall be by ballot, and a majority of the votes cast shall be necessary to elect. In case no nominee receives a majority on the first ballot, the nominee receiving the lowest number of votes shall be dropped and a new ballot taken.

Sec. 3.—Any person known to have solicited votes for or sought any office within the gift of this Association shall be ineligible for any office for two years.

Sec. 4.—The President, President-elect, and the Treasurer shall serve from the termination of the annual meeting of the House of Delegates in which the President-elect and Treasurer are elected until the termination of the succeeding annual meeting of the House of Delegates.

#### CHAPTER VI.—DUTIES OF OFFICERS

Section 1.—The President, or a member designated by him, shall preside at all general meetings of the Association and of the House of Delegates. The President shall appoint all committees not otherwise provided for; he shall deliver an annual address at such time as may be arranged by the Executive Committee, and shall perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession of the state during his term of office, and as far as practicable, shall visit by appointment the various sections of the state and assist the Councilors in building up the county societies and in making their work more practical and useful.

Sec. 2.—The President-elect's term of office shall be for one year, at the completion of which he succeeds to the presidency. While President-elect, he shall assist the President in the discharge of his duties.

Sec. 3.—The Treasurer shall give bond at the expense of the Association in such an amount as shall be required by the Council. He shall receive all bequests and donations to the Association and shall demand and receive all funds due the Association except accounts due THE JOURNAL in the conduct of its business. The funds of the Association shall be deposited in a depository or depositories designated by the Executive Committee, and withdrawals from such funds shall be made on checks or drafts signed by the Treasurer and the Chairman of the Council. He shall present to the House of Delegates annually a report of the receipts and expenditures, and the state of the funds in his hands, and shall subject his accounts to an annual audit by a Certified Public Accountant.

Sec. 4.—The Executive Secretary shall be the directing manager of the Association's headquarters and Journal offices, and shall supervise the work of all salaried employees in the Association offices. Such supervision shall be subject to directives from the House of Delegates, the Council, the Executive Committee, and the President of the Association. He shall discharge the administrative functions of the Association not within the duties of other officers or of committees to perform. He shall assist, at their request, all officers and committees, and shall keep himself informed in regard to non-professional matters affecting the medical profession, for the purpose of keeping himself qualified to perform the services herein mentioned. He shall be responsible

for the execution and carrying out of the policies of the Association and in that connection shall perform all specific tasks committed to him by the committees, the Council, and the officers of this Association. The amount of his salary shall be fixed by the Executive Committee on approval of the Council.

Sec. 5.—The necessary expenses of the above officers incurred in the line of duty herein imposed may be allowed by the Council, but excepting the Executive Secretary, this shall not include the expenses of attending the Annual Convention.

#### CHAPTER VII.—COUNCIL

Section 1.—The Council shall meet as follows: 1. January, April, and July of each year on dates and at places fixed by the Council. 2. On the day preceding the first day for the scientific meetings of the Annual Convention of the Association. 3. On the last day of the Annual Convention of the Association after the adjournment of the House of Delegates. 4. At such other times as necessity may require, subject to the call of the Chairman, or on petition of three Councilors. It shall hold no meeting that will conflict with any meeting of the House of Delegates. It shall elect a Chairman, and a Clerk, who, in the absence of the Executive Secretary of the Association, shall keep a record of its proceedings. It shall, through its Chairman, make an annual report to the House of Delegates. It shall organize itself at the meeting following the final session of the House of Delegates by electing its chairman who shall serve for one year. The chairman of the Council shall be elected by secret ballot. The number of terms of the chairman shall be limited to not more than three in succession.

Sec. 2. — Each Councilor shall be organizer, peacemaker, and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exist; for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. He shall make an annual report of his work and of the condition of the profession of each county in his district, the same to be published in the number of *THE JOURNAL* which is issued immediately preceding the Annual Convention. The House of Delegates may take such action, if any, as it deems appropriate upon such reports. The necessary expenses incurred by such Councilor in the line of the duties herein imposed may be allowed by the Council on a properly itemized statement, but this shall not be construed to include his expense in attending the Annual Convention of the Association.

Sec. 3.—The Council shall, through its officers and otherwise, give diligent attention to and foster the scientific work and spirit of the Association,

and shall study and strive constantly to make each Annual Convention a stepping stone to future ones of higher interest.

Sec. 4.—The Council shall, in connection with the House of Delegates, consider and advise as to the interests of the profession and of the public in those important matters wherein it is dependent upon the profession, and shall use its influence to secure and enforce all proper medical and public health legislation and to diffuse popular information in relation thereto.

Sec. 5.—The Council shall make careful inquiry into the condition of the profession of each county in the state and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse among physicians of the same locality and shall continue these efforts until every physician in every county of the state who can be made reputable has been brought under medical society influence.

Sec. 6.—The Council shall encourage postgraduate and research work, as well as home study, and shall endeavor to have the results utilized and intelligently discussed in the county societies.

Sec. 7.—The Council shall, upon application, provide and issue charters to county societies organized to conform to the spirit of this Constitution and By-Laws.

Sec. 8.—In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies to be designated by hyphenating the names of two or more counties so as to distinguish them from district and other classes of societies; and these societies, when organized and chartered, shall be entitled to all the privileges and representation provided herein for county societies, until such counties may be organized separately.

Sec. 9.—The Council shall be the Board of Censors of the Association. It shall consider all questions involving the rights and standings of members whether in relation to other members, to the component societies, or to this Association. All questions of an ethical nature brought before the House of Delegates or the General or Section Meetings shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members of component societies on which an appeal is taken from the decision of an individual Councilor, and its decision in all such matters shall be final.

Sec. 10.—The Council shall provide for and superintend all publications of the Association, and shall have authority to appoint an editor and such assistants as it deems necessary, and fix the



amounts of their salaries. The proceedings of the Council for the year shall be reported to the House of Delegates at the Annual Convention and be published in the number of THE JOURNAL which immediately precedes the Annual Convention.

Sec. 11.—In the interim between the meetings of this Association the Council shall be the executive body of the Association with full power to fill vacancies or transact any business that emergencies or the welfare of the Association may require.

Sec. 12.—The Council shall at its meeting following the close of the House of Delegates elect two members of the Association, at large, or of the Council, who, with the President, the President-elect, the Treasurer, and the Chairman of the Council, shall constitute and be known as the Executive Committee. If such members of the Executive Committee be not members of the Council they shall not have the power of vote in the Council.

#### CHAPTER VIII.—STANDING COMMITTEES

Section 1.—The standing committees shall be as follows:

The Executive Committee.

A Committee on Convention Arrangements.

A Committee on Scientific Work.

A Committee on Scientific Exhibits.

A Committee on Public Policy and Legislation.

A Committee on Publicity.

A Committee on Industrial Health.

A Committee on Medical Education and Licensure.

A Committee on Public Relations.

A Committee on Constitution and By-Laws.

A Committee on Conference of County Medical Society Officers.

A Grievance Committee.

A Committee on Rural Health.

A Committee on Physician-Hospital Relations.

The members of such committees, except the Executive Committee, which is elected by the Council, shall be appointed by the President of the Association.

In making such elections or appointments next after the effective date of the amendment the terms of such members, except those of the Committee on Physician-Hospital Relations, shall be as follows:

If a committee consists of an even number of members, one-half shall be appointed for two year terms, and one-half shall be appointed for one year terms.

If a committee consists of an odd number of members, the majority by one shall be appointed for two years and the remainder for one year terms.

Thereafter all members shall be appointed for

two year terms. All members shall serve until their successors have been elected or appointed.

Sec. 2.—*The Executive Committee*, consisting of six members as heretofore provided for shall meet on the call of the Chairman or of any three members with the Executive Secretary to plan and execute such work as may be necessary for the welfare of the Association and the conduct of the Executive Secretary's office. It shall constitute the Medical Defense Committee of the Association and shall have full authority governing all matters pertaining to the medical defense features of this Association, and shall be governed by the rules and regulations concerning such features as provided for in the By-Laws of this Association. It shall represent the Council during the intervals between meetings of that body, including matters pertaining to THE JOURNAL of the Association, and shall report its doings to the Council.

It shall prepare a budget for the ensuing calendar year; and all expenditures of the Association, except those otherwise provided for under the Constitution and By-Laws, shall be governed by the budget. No expense not provided for in the budget or otherwise under the Constitution and By-Laws shall be incurred by any officer or committee. A committee or an officer may submit a request for funds to meet unusual expenses not included in the annual budget, and the Executive Committee shall have the power, by a two-thirds vote, to amend the budget to provide such funds.

Sec. 3.—*The Committee on Convention Arrangements* shall consist of five or more members. With the advice and assistance of the Executive Secretary this committee shall provide suitable accommodations for the meetings of the Association, including the House of Delegates, Council, and of their respective committees, the scientific and technical exhibits, and in conjunction with the Executive Secretary shall have general charge of all the arrangements. Its chairman shall report an outline of the arrangements to the Executive Secretary of the Association for publication in THE JOURNAL and in the official program, and shall make additional announcements during the session as occasion may require. The arrangements for and the character of any and all technical exhibits must meet with the approval of the Executive Committee of the Association.

Sec. 4.—*The Committee on Scientific Work* shall consist of three or more appointive members appointed by the President; and of the chairman of the Committee on Scientific Exhibits and of the chairmen of the sections as *ex officio* members. It shall be the duty of the officers of the various sections to prepare and submit to this committee prior to the first meeting of the committee a suggested program of subjects and personnel for their respective section programs for the Annual Convention. The scientific program and the financial requirements to provide for it

must be approved by the Executive Committee before the program is officially announced.

**Sec. 5.**—*The Committee on Scientific Exhibits* shall consist of five or more appointive members. It shall have the duty of arranging for scientific exhibits as a part of the Annual Convention, subject to the approval of the Executive Committee.

**Sec. 6.**—*The Committee on Public Policy and Legislation* shall consist of at least five or more appointive members. Under direction of the House of Delegates it shall represent the Association in securing and enforcing legislation in the interest of public health, medical education, scientific medicine, and the improvement of the medical profession. It shall keep in touch with professional and public opinion and shall endeavor to create and direct public opinion to the end that the public will demand adequate legislation for the promotion of the public good in relation to medicine and the enforcement of such legislation.

**Sec. 7.**—*The Committee on Publicity* shall consist of three appointive members. It shall be responsible for the dissemination of information concerning individual and community health to the lay public through articles prepared for publication in lay publications, and for addresses or talks delivered before lay audiences under the authority of the Association, and shall in every way seek to give the lay public a better knowledge and understanding of the aims and objects of scientific medicine.

**Sec. 8.**—*The Committee on Industrial Health* shall consist of five or more appointive members. The duties of the committee shall be: To study and gather facts and become intimately acquainted with the problems regarding industrial health, including any such problems as those relating to the prevention and cure of industrial injuries and diseases; to study the method and means of providing adequate medical and hospital care for those suffering from industrial diseases and injuries; and to encourage cooperation and mutual understanding among the members of the medical profession, employers of labor, employees and insurance carriers.

**Sec. 9.**—*The Committee on Medical Education and Licensure* shall consist of five appointive members. The duties of this committee shall be to cooperate with the authorities of the Indiana University School of Medicine in efforts to improve the educational standards of the state as they pertain to the practice of medicine; to act in conjunction with the members of the Council in providing postgraduate clinics or teaching for the various Councilor medical districts of the state; to cooperate with the Indiana State Board of Medical Registration and Examination; to select one of its own members as a delegate to the yearly Conference on Medical Education and Hospitals of the American Medical Association;

and to cooperate with the corresponding Council of the American Medical Association.

**Sec. 10.**—*The Committee on Public Relations* shall consist of five or more appointive members. The duties of the committee shall be to develop and carry on continuously a program to improve and sustain good will among the members of the medical profession and the general public; to study and assemble information regarding the means by which the interests of the public relations of the medical profession may best be served; to obtain through public and professional contacts and report to the profession through proper means information regarding the sentiments, criticism and suggestions for improvement which may be made either by members of the profession or by the lay public; and to have the special responsibility of furnishing leadership and guidance in keeping the medical profession as a whole within the deserved respect and esteem of the people.

**Sec. 11.**—*The Committee on Constitution and By-Laws* shall consist of five appointive members. The duties of this committee shall be: to keep in contact with the developments and changes in procedures in carrying on the work of this Association; to suggest revisions necessary to keep the Constitution and By-Laws always in accord with the practices and procedures best adapted to the functioning of the Association; and to keep the practices and procedures consistent with the provisions from time to time contained in the Constitution and By-Laws—to the end that all members of the profession, by reference to the Constitution and By-Laws, may be able to obtain accurate information regarding procedure and practices within the Association, and that hampering of such procedure and practice by obsolete provisions in the Constitution and By-Laws may be avoided.

**Sec. 12.**—*The Committee on Conference of County Medical Society Officers* shall consist of seven appointive members. It shall have the duty of arranging for conferences of County Medical Society Officers, preparing the agenda therefor, and fixing the time and place for such meetings.

**Sec. 13.**—A standing committee to be known as *Grievance Committee* shall be composed of nine physicians, three of whom may be past presidents of the association, and all of whom shall be appointed by the president of the association. Not more than two physicians shall be appointed from any one Councilor District. No member shall hold any elective office in the state association during tenure on this committee. Of the nine physicians first appointed, three, including one past president, shall serve for a period of one year; three, including one past president, for two years; three, including one past president, for three years. Thereafter three shall be appointed each year for a three year term, to fill the vacancies caused by the



expiration of terms. Any vacancy occurring in this committee other than by expiration of terms shall be filled by an interim appointee to serve the balance of the unexpired term. This committee shall organize itself by electing a chairman, vice-chairman, and secretary.

In addition to the above provided membership and organization of the committee, the president of the Association shall appoint an accredited psychiatrist as a specialty member of the committee whose tenure of office shall be on an annual basis. The appointment of the psychiatrist may be made from any Councilor District of the Association irrespective of the membership of the committee including another member from the same Councilor District. He shall have the same rights and privileges as other members of the committee and be subject to the rules, regulations and methods of procedure as approved by the Council of the Association.

Sec. 14.—The duties of this Grievance Committee shall be to receive complaints, appeals or suggestions from physicians or laymen concerning professional conduct. It shall attempt to find the facts regarding any matter brought to its attention, through procedures proper and appropriate to that end, and shall attempt to adjust differences between patients and physicians. It may, if it believes the facts justify such action, cite the member to the Council of the state association. It shall, subject to the approval of the Council, draw up a set of rules and regulations governing the procedure and official actions of the committee.

Sec. 15.—The *Committee on Physician-Hospital Relations* shall be composed of five members. The members shall be appointed for the following terms: One member, five years; one for four years; one for three years; one for two years; one for one year. Thereafter the president will annually appoint one member for a term of five years.

The duties of the committee are to pursue a continuing study of the relation of the medical profession to the operation of public and voluntary hospitals, and shall when indicated confer with the Hospital Council of the Indiana State Board of Health in connection with the making of rules and regulations for the management of hospitals; the Indiana State Hospital Association; and any related organizations, and make recommendations to the Indiana State Medical Association.

Sec. 16.—The President and Executive Secretary shall be *ex officio* members of all the foregoing standing Committees where their inclusion on the committee is not otherwise provided for in these By-Laws.

#### CHAPTER IX.—SPECIAL COMMITTEES

The President may appoint such other committees in addition to the standing committees as he deems necessary or as may be specially authorized by the House of Delegates, the Council, or the

Executive Committee. Any such committees shall be known as special committees.

The terms of the members of such special committees shall be as heretofore provided for the terms of the members of standing committees.

#### CHAPTER X.—REFERENCE COMMITTEES

Section 1.—Immediately after the organization of the House of Delegates at each Annual Convention, the President shall announce the membership of the reference committees to serve during the convention for which they are appointed. Appointments to these reference committees shall be made by the President in time for them to be published in THE JOURNAL and the Handbook prior to such Annual Convention.

The President shall have the power to appoint substitutes from among the members present for absent appointees.

Each committee shall consist of five members, the chairman to be specified by the President. To these committees shall be referred all reports, resolutions, measures and propositions presented to the House of Delegates, except such matters as properly come before the Council, and the recommendations of these committees shall be submitted to the next meeting of the House of Delegates for acceptance in the original or modified form or for rejection.

Sec. 2.—The following Reference Committees are hereby constituted to which shall be referred all matters as indicated by the titles of the committees:

- (1) Sections and Section Work
- (2) Rules and Order of Business
- (3) Medical Education and Hospitals
- (4) Legislation
- (5) Public Relations
- (6) Hygiene and Public Health
- (7) Amendments to the Constitution and By-Laws
- (8) Reports of Officers
- (9) Credentials
- (10) Insurance
- (11) Miscellaneous Business

Where a report, resolution, measure, or proposition deals with more than one subject matter, reference thereof may, in the discretion of the President, be made (a) to as many reference Committees as are necessary to cover all subjects included therein; or (b) to only one Reference Committee which the President deems has within the scope of its reference the most important part of the matter referred.

No report of any Reference Committee shall be rejected on the ground that it covers something not included in the matters which such Committee was created to consider.

Sec. 3.—The time and place of meetings of all reference committees shall be publicly posted, and

all meetings of all reference committees shall be open to all members of the Association.

Officers and chairmen of all committees whose reports are referred to reference committees shall have the right to appear and be heard before the respective committees to which such references are made, in regard to their reports.

#### CHAPTER XI.—COUNTY SOCIETIES

Section 1.—All county societies now in affiliation with this Association or those which may hereafter be organized in this state, which have adopted principles of organization not in conflict with this Constitution and By-Laws, shall, on application, receive a charter from and become a component part of this Association. The acceptance or retention of this charter shall be regarded as a pledge on the part of said component society to conduct itself in harmony with the letter and spirit of this Constitution and By-Laws and other rules and resolutions of this Association.

Sec. 2.—Charters shall be issued only upon approval of the Council and shall be signed by the President and Executive Secretary of this Association. The Council shall have authority to revoke the charter of any component society whose actions are in conflict with the letter and spirit of this Constitution and By-Laws.

Sec. 3.—Only one component medical society shall be chartered in any county. Where more than one county society exists, friendly overtures and concessions shall be made, with the aid of the Councilor for the district if necessary, and all of the members brought into one organization. In case of failure to unite, an appeal may be made to the Council, which shall decide what action shall be taken.

Sec. 4.—Each county society shall be judge of the qualifications of its own members, but, as such societies are the only portals to this Association and to the American Medical Association, every reputable and legally registered physician who does not practice or claim to practice, nor lend his support to, any exclusive system of medicine, shall be entitled to membership. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every physician in the county to become a member.

Sec. 5.—Any physician who may feel aggrieved by the action of the society of his county in refusing him membership, or in suspending or expelling him, shall have the right to appeal to the Council, and its decision shall be final.

Sec. 6.—In hearing appeals the Council may admit oral or written evidence as in its judgment will best and most fairly present the facts, but in case of every appeal, both as a board and as individual Councilors in district and county work, efforts at conciliation and compromise shall precede all such hearings.

Sec. 7.—When a member in good standing in a component society moves to another county in this state his name, on request, shall be transferred without cost to the roster of the county society into whose jurisdiction he moves, provided the transfer is approved by majority vote of the membership of said society to which the membership is proposed.

Sec. 8.—A physician living on or near a county line may hold his membership in that county most convenient for him to attend, on permission of the society in whose jurisdiction he has his office or has the major part of his practice.

Sec. 9.—Each component society, shall have general direction of the affairs of the profession in its county, and its influence shall be constantly exerted for bettering the scientific, moral and professional status of every physician in the county; and systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it embraces every qualified and honorable physician in the county.

Sec. 10.—At the annual business meeting for election of other officers, in advance of the Annual Convention of this Association, each county society shall elect delegates and alternates to represent it in the House of Delegates of this Association, and the secretary of the society shall send a list of such delegates and alternates to the Executive Secretary of this Association annually on or before August first.

Sec. 11.—The secretary of each component society shall keep a roster of all its members and of the non-affiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this state, and such other information as may be deemed necessary. In keeping such roster the secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall be certain to account for every physician who has lived in the county during the year.

The secretary of each component society shall prepare and send to the Councilor of his district a quarterly report briefly stating the activities of his county society including meetings, programs, changes in officers and personnel of membership. A copy of this quarterly report to the Councilor shall also be sent to the Executive Secretary of the State Association. The State Association shall supply each county secretary a form for these reports.

Sec. 12.—The fiscal year of the Association shall be the calendar year, and all dues shall be for the year and *payable in advance*. The secretary of each component society shall forward the dues for his society, together with the roster of officers and members and list of non-affiliated physicians of the county, to the Executive Secretary of this Association, on or before January 1



of each year and he shall promptly report there-  
after the names of any new members elected to  
membership in his society, and promptly forward  
to the Executive Secretary of this Association  
the dues for such new members. The dues shall  
be the same for all members and entitle the mem-  
bers to all benefits, including the publications of  
this Association, from the time of paying the dues  
to the close of the year only. Provided, however,  
that physicians elected to their first membership  
in this Association during the first nine months  
of any year shall pay the regular annual dues  
for that year; and those elected to their first  
membership after October 1 of any one year shall  
pay \$10.00 as dues for the remainder of that  
year. Interns and residents shall pay \$10.00 a  
year annual dues during their term of service in  
the hospital. In the event the county society remits  
a member's dues for good cause, and the secre-  
tary of the county medical society recommends  
in writing the remission of the state association  
dues of said member of the society, and shows good  
cause why such recommendation should be granted,  
the Council shall have the power to remit such  
dues.

**Sec. 13.**—Any county society which fails to pay  
its dues or make the report required by February  
1 of each year shall be held suspended, and none  
of its members or delegates shall be permitted  
to receive any of the publications of the Associa-  
tion or participate in any of the business or  
proceedings of the Association or of the House  
of Delegates until such requirements have been  
met.

**Sec. 14.**—Each county society shall be held re-  
sponsible for the faithfulness in the performance  
of duty on the part of its secretary in making  
reports and remitting dues to the Association.

**Sec. 15.**—Each component society shall have its  
own Constitution and By-Laws, not in conflict with  
the Constitution and By-Laws either of this As-  
sociation or of the American Medical Association,  
a copy of which shall be filed with the Executive  
Secretary of this Association; and furthermore,  
the Executive Secretary shall be notified at once  
of any changes or amendments that may be made  
from time to time.

#### **CHAPTER XII.—MISCELLANEOUS**

**Section 1.**—The deliberations of this Associa-  
tion shall be governed by parliamentary usage  
as contained in Robert's Rules of Order, when not  
in conflict with this Constitution and By-Laws.

**Sec. 2.**—The Principles of Medical Ethics of  
the American Medical Association shall govern  
the conduct of members in their relations to each  
other and to the public.

#### **CHAPTER XIII.—MEDICAL DEFENSE**

**Section 1.**—One dollar and twenty-five cents out  
of the annual dues of each member of the Asso-

ciation shall be set aside as a special fund for  
medical defense.

**Sec. 2.**—The administration of medical defense  
of this Association shall be intrusted to the Execu-  
tive Committee, which shall constitute the Medical  
Defense Committee of the Association.

**Sec. 3.**—This committee shall have full author-  
ity governing all matters pertaining to the med-  
ical defense features of this Association; with  
power to enter into agreement for the payment  
of fees of one attorney whom the physician sued  
shall have the right to choose, provided such at-  
torney is of good reputation and standing at the  
bar, and to employ expert witnesses and incur  
such other expenses as in the judgment of the  
committee may be necessary in the defense of  
members against whom suits may be brought;  
provided, always, that the total expenditure in  
any single suit shall not exceed 25 per cent of  
the fund available at the time suit is filed; and  
provided further that this Association shall not  
be liable for attorney's fees in such suits unless  
this committee shall have first agreed in each case  
with the physician sued and the attorneys repre-  
senting him in regard to the terms of such employ-  
ment, including the fees to be paid.

**Sec. 4.**—The Treasurer of the Indiana State  
Medical Association shall be custodian of the  
defense fund, separately kept, and shall give such  
additional bond as may be demanded by the Medi-  
cal Defense Committee. Payments out of this fund  
shall be made only upon approval of the Executive  
Committee, by checks signed by the Treasurer and  
the Chairman of the Council.

**Sec. 5.**—The Medical Defense Committee shall  
make an annual report to the House of Delegates  
of the cases in which it has been of service to  
members and furnish an account of the money  
received and expended, such report to be pub-  
lished in THE JOURNAL of the Indiana State Med-  
ical Association at the time and in the manner  
that reports of other committees of the Associa-  
tion are published.

**Sec. 6.**—This Association shall not be liable for  
any damage awarded, but shall be liable only for  
such expenses for the legal defense of its mem-  
bers as may be incurred in accordance with the  
terms of these By-Laws.

**Sec. 7.**—The Association shall not undertake the  
defense of a member in any case in which the  
member who applies for medical defense by the  
Association has failed to pay his annual dues  
for the year in which services were rendered  
which are the basis of the suit; and medical de-  
fense by the Association shall not be available  
in any suit based on services rendered during any  
period of delinquency in the payment of dues.  
Dues are payable on January 1, and become de-  
linquent on February 1 of each year. The mem-  
bership card of this Association, duly signed and



dated by the Executive Secretary, shall be considered the only *bona fide* evidence of payment of dues or membership in this Association.

The Indiana State Medical Association shall in no case provide medical defense against any action for alleged malpractice against any physician unless such physician was a member of this Association in good standing at the time the services which are the basis of the suit were rendered.

Sec. 8.—A member desiring to avail himself of the services of the Medical Defense Committee in connection with litigation brought or threatened must send to the Executive Secretary of the Association for an application blank. After completing the data concerning the case he shall submit to a local committee of his county medical society—to be composed of the President, Secretary and one other member in good standing who may be nominated by the defendant—a full statement of the question at issue, including the diagnosis and treatment of the case and the names of physicians, nurses and other persons having knowledge of the same, who may be summoned as witnesses.

Sec. 9.—The committee of the county medical society shall immediately, after an investigation of all the circumstances and facts, transmit its report, with recommendations, to the Medical Defense Committee of this Association.

Sec. 10.—In the event that the county committee shall fail to recommend the case as one worthy of the recognition of this Association, a direct appeal may be made to the Medical Defense Committee of this Association, whose decision shall be final.

Sec. 11.—Suits brought against the estate of a deceased member shall be defended as if that member were alive; provided that such member was in good standing in the Association at the time of his death and that services for which indemnity is asked were rendered while the deceased was a member in good standing.

Sec. 12.—Medical defense shall not be available to members living outside of the State of Indiana at the time services were rendered for which indemnity is claimed.

Sec. 13.—The Medical Defense Committee shall have power to adopt such other rules, not in conflict with the foregoing, as in their judgment may seem necessary.

Sec. 14.—Medical defense as provided for by this Association shall be available to members under the terms stated in these By-Laws only in the defense of civil action for alleged malpractice, and shall not be available if such alleged malpractice occurred when the member was under the influence of any intoxicant or narcotic while rendering the service in question.

#### CHAPTER XIV.—DIVISION OF FEES

This Association does not countenance or tolerate fee-splitting, division of fees, or commission paying directly or indirectly, and any member found guilty shall be expelled from membership.

#### CHAPTER XV.—INVESTMENT OF SURPLUS FUNDS

Section 1.—All surplus funds of this association shall hereafter be invested only in United States Government bonds or in municipal bonds which the United States Government or the municipalities issuing such bonds shall have the direct obligation to pay.

#### CHAPTER XVI.—AMENDMENTS

Section 1.—These By-Laws may be amended at any Annual Convention by a majority vote of all the delegates present at that convention, after the amendment has lain on the table for one day.

Sec. 2.—Upon the adoption of this Constitution and By-Laws all previous Constitutions and By-Laws are hereby repealed.



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## Action of A.M.A. House of Delegates (continued)

attempt to have existing Medicare regulations amended to incorporate the Association's policy that the practice of anesthesiology, pathology, radiology and physical medicine constitute the practice of medicine, and that fees for services by physicians in these specialties should be paid to the physician rendering the services.

### NEW STATEMENT ON MEDICAL SCHOOLS

To replace the "Essentials of an Acceptable Medical School," initially approved by the House of Delegates in 1910 and most recently revised in 1951, the House adopted a new statement entitled "Functions and Structure of a Modern Medical School." Presentation of the document followed a year of careful study by the Council on Medical Education and Hospitals in collaboration with the Association of American Medical Colleges.

The statement is intended to provide flexible guides which will "assist in attaining medical

education of ever higher standards" and "serve as general but not specific criteria in the medical school accreditation program." The document encourages soundly conceived experimentation in medical education, and it discourages excessive concern with standardization.

"No rigid curriculum can be prescribed for accomplishing the objectives of medical education," it states. "On the contrary, it is the responsibility of the faculty of each school continually to re-evaluate its curriculum and to provide in accordance with its own particular setting and in recognition of advances in science a sound and well-integrated educational program."

### OCCUPATIONAL HEALTH PROGRAMS

The House also approved a new statement on the "Scope, Objectives and Functions of Occupational Health Programs," submitted through the Board of Trustees by the Council on Industrial Health. The Board report to the House

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said: "The statement describes and defines orthodox in-plant medical programs as understood in this country today and distinguishes clearly between such programs and the various plans for comprehensive medical care of the sick. It should help to resolve misunderstandings concerning the specialty of occupational medicine."

In adopting the statement, the House agreed with a reference committee report which declared that "the House has before it a statement which for the first time clearly defines the scope, objectives and functions of occupational health programs. It marks the needs and boundaries of occupational medicine. It states in a positive fashion the proper place of occupational health programs in the practice of medicine and it clearly charts the pathways of communication between physicians in occupational health programs and physicians in the private practice of medicine."

### SOCIAL SECURITY FOR DOCTORS

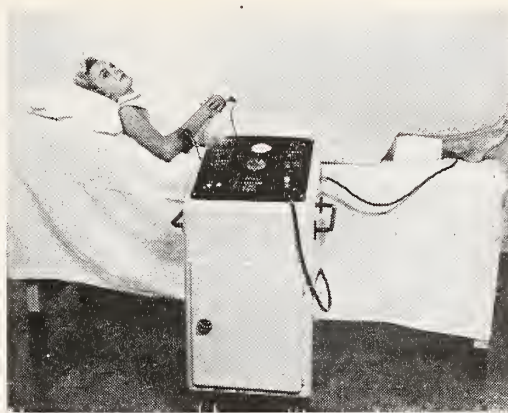
Two resolutions favoring compulsory inclusion of physicians in the federal Social Security system and another one calling for a nationwide referendum of A.M.A. members on the issue were rejected by the House. The delegates reaffirmed their opposition to compulsory coverage of physicians under the Old Age and Survivors Insurance provisions of the Social Security Act. They also recommended a strongly stepped-up informational program of education which will reach every member of the Association, explaining the reasons underlying the position of the House of Delegates on this issue. The House at the same time reaffirmed its support of the Jenkins-Keogh Bills.

### MISCELLANEOUS ACTION

In considering 66 resolutions and many additional reports from the Board of Trustees, councils and committees, the House also:

Congratulated the Board and the Committee on *Poliomyelitis* for their prompt action in stimulating national interest in the polio immunization program;

Recommended further study and a progressive program of action, probably including legislative



### PROVED: An Electronic, Mechanical Method for Treating Peripheral Vascular Diseases

Reports by Lyons, Meadows and Fuchs\* indicate a marked improvement in circulatory disturbances by stimulation of the peripheral circulation with this new, more physiologic, electronic, mechanical device.

The Syncardon is designed to furnish pneumatic pressure impulses to an extremity for an exact, measured time in perfect synchronization with each pulsation from the heart. Thus, a local increase in intra-arterial pressure forces more blood through any small arteries and arterioles capable of dilation.

#### Indicated in Treatment of:

##### DISEASES OF THE VEINS

1. Chronic venous insufficiency
2. Varicose veins
3. Varicose and/or stasis ulcers

##### DISEASES OF THE ARTERIES

1. Arteriosclerosis obliterans
2. Thrombo-angitis obliterans
3. Acute arterial obstructions
4. Reynaud's disease
5. Diabetic arteriosclerotic disease

##### LYMPHEDEMA

1. Post-mastectomy edema of the arm
2. Non-inflammatory lymphedema
3. Post-inflammatory lymphedema

The treatment is followed, in the majority of cases, by a remarkably prompt alleviation of pain, improvement in walking capacity, relief of intermittent claudication, and the healing of ulcers and gangrene.

\* Lyons, Meadows, and Fuchs. A New Method for the Treatment of Peripheral Vascular Disease. *Southern Medical Journal*, Vol. 48, No. 8, Aug. 1955. Pp. 811-819.

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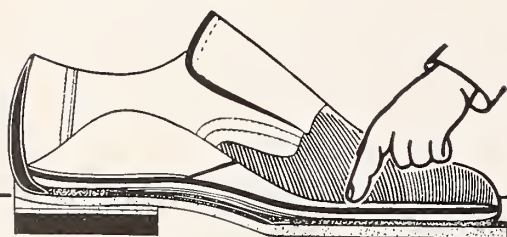
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changes, to solve the problem of *narcotic addiction*;

Urged a more careful screening of television and radio patent medicine *advertisements*;

Directed the Board of Trustees to investigate the indiscriminate use of stimulants such as *amphetamine*, particularly in relation to athletic programs;

Directed the Speaker to appoint a committee of five House members to study the *Heller Report*, a management survey of the Association's organizational mechanisms;

Commended the Law Department for its special report on *professional liability* and urged state and county medical societies to establish claims prevention programs and to show the new film, "The Doctor Defendant";

Opposed the establishment of any further *veterans'* facilities for the care of non-service-connected illnesses of veterans;

Condemned the compulsory assessment of medical men and staff members by hospitals in *fund-raising campaigns*;

Commended the television program, *Dr. Hudson's Secret Journal*, its producers and its star, Mr. John Howard, for an outstanding contribution to the public interest and welfare, and

Recommended payment of transportation expenses of *Section Secretaries* for A.M.A. meetings which they are required to attend.

**OPENING SESSION**

At the Monday opening session Dr. Dwight Murray, retiring A.M.A. president, stressed the triple theme of the personal touch in medicine,

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the necessity for freedom in medical practice and the need for professional unity. Dr. Allman, then president-elect, warned against the dangers of third-part contractual agreements involving fixed fee schedules. The Goldberger Award in nutrition research was presented to Dr. Paul Gyorgy of Philadelphia. An A.M.A. citation was awarded to Parke, Davis & Company for its continuing series of institutional advertisements telling the story of medicine and medical progress. Dr. H. G. Weiskotten, who retired after many years as chairman of the Council on Medical Education and Hospitals, received two bound volumes of letters of appreciation and also an ovation from the House of Delegates.

### INAUGURAL CEREMONY

Dr. Allman, in his Tuesday night inaugural address, declared that the physician is constantly striving for a balance between personal, human values, scientific realities and the inevitabilities of God's will. The inaugural ceremony, which was telecast over Station WABD-TV in New York, included presentation of the Distinguished

Service Award to Dr. Spies and the special layman's citation to Mr. Viscardi. Also taking part in the program was the United States Army Chorus of Washington, D. C.

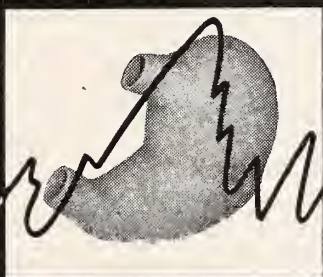
### ELECTION OF OFFICERS

In addition to Dr. Gundersen, the new president-elect, the following officers were selected by the House on Thursday:

Dr. Jesse Hamer of Phoenix, Ariz., vice president; Dr. George F. Lull of Chicago, secretary; Dr. J. J. Moore of Chicago, treasurer; Dr. E. Vincent Askey of Los Angeles, speaker, and Dr. Louis Orr of Orlando, Fla., vice speaker.

Four new members were elected to the Board of Trustees: Dr. George Fister of Ogden, Utah, to succeed Dr. James R. Reuling; Dr. Cleon A. Nafe of Indianapolis, Ind., to succeed Dr. James R. McVay; Dr. James Z. Appel of Lancaster, Pa., to replace the late Dr. Thomas P. Murdock, and Dr. Raymond McKeown of Coos Bay, Ore., to replace Dr. Gundersen. Dr. Edwin S. Hamilton of Kankakee, Ill., was elected chairman of

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## COOK COUNTY GRADUATE SCHOOL OF MEDICINE

**INTENSIVE POSTGRADUATE COURSES**

**STARTING DATES — SUMMER-FALL, 1957**

### **SURGERY—**

Surgical Technic, Two Weeks, August 19, September 16  
Surgery of Colon & Rectum, One Week, September 16  
Basic Principles in General Surgery, Two Weeks, October 14  
Surgical Anatomy & Clinical Surgery, Two Weeks, September 30  
Treatment of Varicose Veins, September 9  
Fractures & Traumatic Surgery, Two Weeks, October 21  
Thoracic Surgery, One Week, October 7  
Esophageal Surgery, One Week, September 30  
General Surgery, Two Weeks, September 23; One Week, October 28

### **GYNECOLOGY & OBSTETRICS—**

Office & Operative Gynecology, Two Weeks, September 16  
Vaginal Approach to Pelvic Surgery, One Week, September 9  
General & Surgical Obstetrics, Two Weeks, September 30

### **MEDICINE—**

General Review Course, Two Weeks, September 23  
Electrocardiography & Heart Disease, Two Weeks, October 7  
Hematology, One Week, September 9

### **RADIOLOGY—**

Diagnostic X-Ray, Two Weeks, September 16  
Clinical Uses of Radioisotopes, Two Weeks, October 7  
Diagnostic X-Ray, Clinical Course, by appointment

### **CYSTOSCOPY—**

Ten-Day Practical Course by appointment

### **UROLOGY—**

Two-Week Intensive Course, October 7

**TEACHING FACULTY—ATTENDING STAFF OF  
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the Board at its organizational meeting after the elections in the House.

Dr. Homer L. Pearson Jr. of Coral Gables, Fla., was renamed to the Judicial Council. Two new members were elected to the Council on Medical Education and Hospitals: Dr. Clark Wescoe of Lawrence, Kansas, to succeed Dr. Weiskotten, and Dr. Warde B. Allan of Baltimore, Md., to succeed Dr. F. D. Murphy of Lawrence, Kansas.

For the Council on Medical Service, Dr. Robert L. Novy of Detroit, Mich., was re-elected, and Dr. Hoyt Woolley of Idaho Falls, Idaho, was chosen to replace Dr. McKeown. Dr. Warren W. Furey of Chicago was re-elected to the Council on Constitution and Bylaws.

At the Wednesday session of the House the Illinois State Medical Society made a record state society contribution to the American Medical Education Foundation by turning over \$170,450 to Dr. Louis H. Bauer of New York, foundation president.

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**"can be to the dermatologist what the anesthesiologist is to the surgeon."<sup>1</sup>**

*Smith, Kline & French Laboratories, Philadelphia*

.. Cornbleet, T., and Barsky, S.: The Role of the Tranquilizing Drugs in Dermatology, presented at 115th Annual Meeting of Illinois State Medical Society, May 19, 1955.

\*T.M. Reg. U.S. Pat. Off. for chlorpromazine, S.K.F.

# Fifty Years Ago . . .

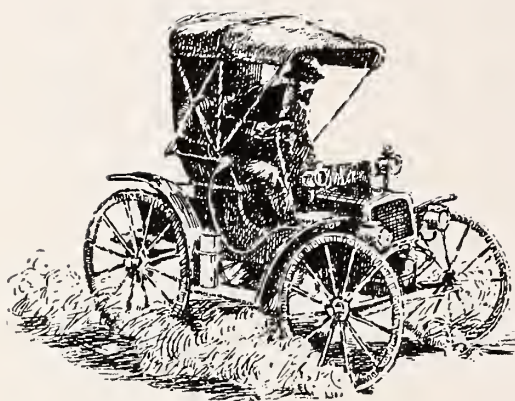
**T**HE JOURNAL had weathered successfully the first six months of its life and was reporting in detail affairs of the Indiana State Medical Association and the fifty-ninth annual convention in particular. Dr. George D. Kahlo of French Lick, who served as chairman on arrangements for the convention that year, was rewarded by being elected president of the State Association.

The chairman of the Council reported "The JOURNAL has finished the first half year of its existence and seemingly has met with the approval of a majority of the members of the Association. At the start a large part of the expense of publication had to be guaranteed by the editor, as the Association had not sufficient funds to meet the expense, but at the present time the assured income for the year is not only sufficient to publish a journal of 48 pages every month, as originally intended, but to warrant the addition of more reading pages and a greater liberality in the way of illustrations. The cost of publishing The JOURNAL in its present size and form for one year will be approximately \$5,000 not counting any salary for the editors. Of this amount about \$1,800 is received from the Association in subscriptions and the balance must be secured from advertising. Remuneration for the editors' services is to be paid from any surplus at the end of the year . . ."

The secretary's report that year disclosed a paid membership of 2,455, an all-time record, 312 of whom made the trip to French Lick to attend the convention.

Actually, that first year The JOURNAL published 716 pages in its 12 issues. Because the publication office was in Fort Wayne and the undertaking, while sanctioned by the Association, was a private one, none of the original records concerning cost are in existence.

The JOURNAL'S life as an integral part of the ISMA began in 1933 when the publication office was moved to Indianapolis following the death of Dr. Albert E. Bulson, Jr., Fort Wayne.



For those who like statistics, records show The JOURNAL published 992 pages in 1933; in 1956, a total of 1,840 pages.

Membership subscriptions totaled 2,700 in 1933, and 4,048 in 1956.

Returning to Volume I we find the following advertisers who are represented this year in the Medical Yearbook: The Milwaukee Sanitarium, Medical Protective Company, Fort Wayne, The Indiana University School of Medicine, Norways, and Parke, Davis & Co.

— 50 —

In the Personal column 50 years ago we note that two young Fort Wayne physicians were planning to leave for Europe for postgraduate work. Dr. Ed Kruse, then house surgeon at Lutheran Hospital, and Dr. C. J. Rothschild, planned to be gone for several months.

— 50 —

The House of Delegates laid on the table a resolution which would have required the Association's active efforts to have the State Legislature totally banish saloons. The consensus of opinion was that the delegates should not mix in politics.

— 50 —

Fifty years ago nations of continental Europe would not permit graduates of American medical



## COMPANIONS IN PROGRESS

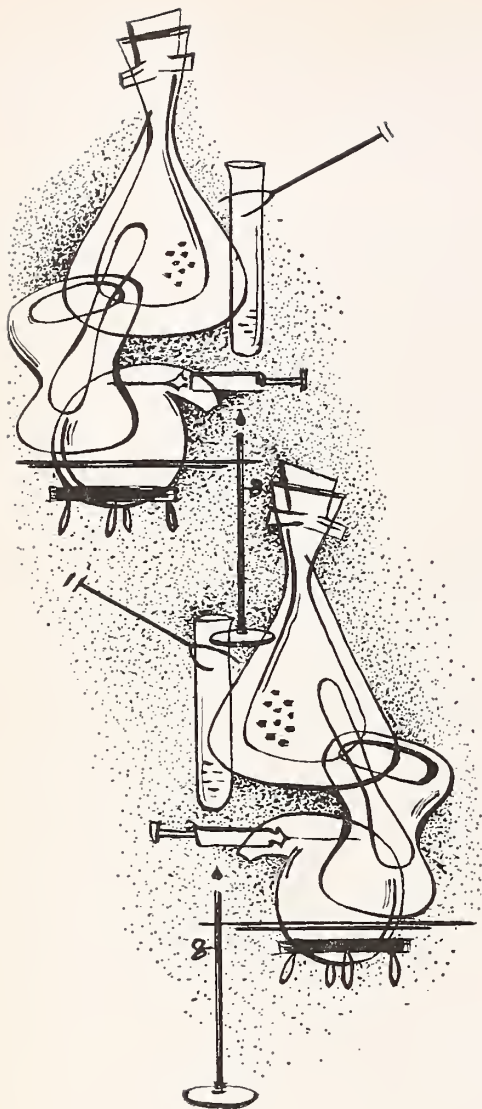
The JOURNAL of the Indiana State Medical Association, now in its Golden Anniversary Year, is saluted by the Indiana University School of Medicine for unwavering support of medical education and high principles of medical practice.

The JOURNAL came upon the scene at an important period in the medical history of Indiana. The University, which had just graduated its first class in medicine, was being given sole responsibility for medical teaching, and the profession was entering upon an era aptly described as the "Golden Years" in therapeutic discoveries and surgical advances.

For a half-century The JOURNAL and the School of Medicine have been companions in progress, through medical education for the student, the graduate, and through postgraduate activities for the physician in practice.

Again, a salute to The JOURNAL, its staff, and the Association it represents, for a half-century of accomplishment; and, best wishes for the future!

*—sponsored by friends and alumni  
of the School of Medicine*



*The science and art of medicine are closely interwoven today in a pattern so modern, so intricate only the most understanding teachers, the finest textbooks and the most recent laboratory equipment can impart necessary knowledge to the medical student.*

*Such requisites are not cheap. Medical education in 1957 is not cheap. To remain free, schools and students need help — your help. Have you written a check to the American Medical Education Foundation this year?*

*Donations may be earmarked for your school and should be mailed to the Indiana State Medical Association, 1021 Hume Mansur Building, Indianapolis 4, Indiana.*

colleges to actually practice in their countries, a report of the Committee on Medical Education revealed. Today, the old order changeth, and foreign doctors coming to America must in most cases take full examinations before they can practice in any of the states.

— 50 —

And at Chicago that year the A.M.A. Reference Committee on Reports recommended the appointment of a committee of five to consider the elaboration of the Principles of Ethics. Through the years much elaboration was accomplished.

Today, the same A.M.A., in keeping step with the streamlining of all writing, has so simplified the Principles of Medical Ethics that they now consist of a brief preamble and 10 concise paragraphs.

— 50 —

Reading the reports of District Councilors in Volume I, we find these statements: "The JOURNAL has been greatly appreciated"—Second District; "The JOURNAL gives universal satisfaction and has received no word of complaint or criticism"—Fourth District; "The JOURNAL has met with general approval by all members"—Ninth District; "The JOURNAL pleases everyone"—Tenth District; "There has been a decided increase in the membership, brought about through the work of the A.M.A. canvassers, The JOURNAL, and Dr. McCormack's lectures"—Eleventh District; "The JOURNAL pleases all members and is a great improvement over the "Transactions"—Thirteenth District.

Today, The JOURNAL staff continues to endeavor to create a publication which is truly "Devoted to the interests of the medical profession of Indiana". As always we solicit your suggestions and your opinions.

—j.s.g.

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## A Better Antihypertensive

... because among all Rauwolfia preparations Rauwiloid (alseroxylon) is maximally effective and maximally safe  
... because least dosage adjustment is necessary ...  
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In severe, otherwise intractable hypertension this single-tablet combination provides smoother, less erratic response to hexamethonium. Each tablet contains 1 mg. Rauwiloid and 250 mg. hexamethonium chloride dihydrate. Initial dose, ½ tablet q.i.d.

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# Deaths . . .

**Peter Campbell King, M.D.**, 58, Swayzee general practitioner for 32 years, died in Robert Long Hospital, Indianapolis, May 11 after a 10-day illness. He was scheduled for surgery.

Dr. King was born in Flagstaff, Arizona, but was brought to Indiana as a small child. He spent his boyhood in Muncie, attended Indiana University and Indiana University School of Medicine where he received his degree in 1923. After serving his internship at Indianapolis General Hospital he established his practice in Swayzee in 1925. Dr. King served during both World Wars. He was a major in the Medical Corps during World War II assigned to the European theater.

Dr. King was the only physician in Swayzee and was widely known in Grant county. Although his profession demanded most of his time, he held membership in church and lodge organizations and gave time to civic endeavors when possible.

He was a member of Grant County Medical Society, the Indiana State and American Medical Associations.

---

**Frederick N. Williams, M.D.**, Mount Vernon, died May 15 in Welborn Memorial Baptist Hospital, Evansville. He was ill upon his return from Florida May 1 and entered the hospital two days later. Dr. Williams was 79.

A native of Posey county, Dr. Williams returned to Mount Vernon in 1945 after many years in practice in Hartford, Michigan. Since returning to Mount Vernon he had practiced there, in the summer months and in Manatee, Florida in the winter. He was a veteran of World War I when he served in the U. S. Army Medical Corps in Europe. He was a 1911 graduate of the University of Louisville School of Medicine.

Dr. Williams was a member of Posey County Medical Society, the Indiana State and American Medical Associations. He also held membership in a number of lodge groups.

---

**Harry J. Weil, M.D.**, 76, a practicing physician in Indianapolis for 55 years, was found dead in his home May 19.

Dr. Weil was born in Gosport but had lived in Indianapolis for 65 years. He was graduated in 1903 from the Medical College of Indiana at Indianapolis, interned at Deaconess Hospital, Indianapolis, and had been in continuous practice since. He served in the U. S. Navy during World War I.

Dr. Weil was a member of Indianapolis Medical Society, the Indiana State and American Medical Associations. He was a Fifty Year Club member of the ISMA. He also had church, lodge and veterans' organization affiliations.

---

**Thomas L. Cooper, M.D.**, Logansport physician for many years, died May 20. He was 74.

A native of Pennsylvania, Dr. Cooper received his degree in medicine from the University of Pittsburgh School of Medicine in 1912. He served an internship in Presbyterian Hospital, Pittsburgh. Dr. Cooper came to Indiana in 1915, establishing his practice first in Deer Creek in Carroll County. For 12 years during his long career in Logansport he served as city health officer.

Dr. Cooper was a member of Cass County Medical Society, the Indiana State and American Medical Associations.

---

**Ervin C. Garber, M.D.**, 75, who had been a Dunkirk physician and civic leader for 51 years, died May 28 in the Jay County Hospital in Portland. He had been ill for a year.

Born in Ohio, the son of a physician, Dr. Garber spent most of his life in Dunkirk. After graduating from Dunkirk High School, he entered Ohio Medical University at Columbus where he received his medical degree in 1905. After a year's internship in Miami Valley Hospital, Dayton, he returned to Dunkirk and entered practice with his father, Dr. J. B. Garber. He had been there continuously except for service during World War I.

Completion of his 50 years in the practice of medicine in 1955 was noted when he was honored as an outstanding citizen of Jay county at the annual Jay County Achievement Banquet. Dr. Garber was a Fifty Year Club member of the Indiana State Medical Association and had



been awarded a 50-year certificate from Ohio State University.

Dr. Garber had served his church in many official capacities over a long period of years, was an active lodge member, held membership in a veterans' organization and served as a director of a bank.

His profession took precedence over all other activities, however. In addition to his private general practice, he served as surgeon for the Pennsylvania Railroad for 44 years and was Dunkirk city health officer for 39 years. He was also county coroner for several years.

Dr. Garber was an active member of Jay County Medical Society, the Indiana State and American Medical Associations.

Survivors include a daughter, Dr. Elizabeth Tate, Dunkirk, and a son, Dr. J. Neill Garber, Indianapolis.

---

**Carl D. Huckleberry, M.D.**, 38, died suddenly June 4 in his home in Danville following a heart attack. He was a psychiatrist at the West 10th Street Veterans Hospital, Indianapolis, and an instructor in psychiatry at Indiana University School of Medicine.

Dr. Huckleberry was born in Greencastle but had spent most of his life in Indianapolis. He was a graduate of Purdue University, received his degree in medicine from Indiana University School of Medicine in 1943 and served his internship at Methodist Hospital, Indianapolis.

He established a private practice in Danville in 1945 where he remained until 1950 when he became physician in charge at the Indiana State Farm at Putnamville. He was also in private practice at Cloverdale at this time.

In January 1954 Dr. Huckleberry began a residency in psychiatry at Larue D. Carter Hospital. He entered his Veterans Hospital position and instructorship at I.U. on completion of that course.

Dr. Huckleberry was a member of Indianapolis Medical Society, the Indiana State and American Medical Associations and had recently been elected to membership in the American Psychiatric Association.

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**Francis J. Hermann, M.D.**, 81, retired Logansport physician, died June 4 in St. Joseph's Hospital. Logansport, where he had been a pa-

tient since March 15. He had been in retirement since 1940 after practicing medicine for more than 40 years.

A life resident of Logansport, he was the son of Dr. John Hermann, also a Logansport physician. Dr. Herman studied at Rush Medical College and the University of Buffalo before going to Bellevue Hospital Medical College, New York, where he received his medical degree in 1897.

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Word was received during May of the death of **Gustavus Brown Jackson, M.D.**, in Santa Monica, California. He was 79. Dr. Jackson was an Indianapolis surgeon for 37 years prior to his retirement in 1943. For 16 years he had offices in the Hume Mansur Building. He was president of the Indianapolis Board of Health in 1916 and 1917. During World War I he served as a major in the Medical Corps in the Rainbow Division.

A native of Owensboro, Kentucky, Dr. Jackson was a graduate of the University of Virginia and of Rush Medical College. He was a former member of Indianapolis Medical Society and the Indiana State Medical Association. In California he retained his memberships in the American Medical Association, American College of Surgeons, and specialty organizations. He was a fellow of the American Association of Obstetricians and Gynecologists.

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**Donald W. MacKenzie, M.D.**, 88, a descendant of the first white settlers of Morgan County, died in a Martinsville nursing home on May 6. Although a native of Indiana, Dr. MacKenzie had never practiced in the state. He received his medical degree from the University of Louisville School of Medicine in 1894 and spent his active years as a surgeon for railroads in California and South America. He was a veteran of both the Spanish-American War and World War I. He was in charge of the hospital at Fort Lewis, Washington during World War I. Following his retirement he had lived in West Los Angeles, California until he returned to Martinsville. Dr. MacKenzie had no immediate survivors.

**HELP TRAIN THE HAND  
THAT HEALS—**

# NEWS NOTES—from State and Nation

## Dr. Kirby Withdraws His Acceptance of I. U. Position

Dr. William M. M. Kirby, who was recently named chairman of the Department of Medicine at the Indiana University School of Medicine, has withdrawn his acceptance of the appointment and will continue his connection with the University of Washington School of Medicine.

Dr. Kirby's decision was announced by Dean John D. VanNuys, who said that immediate steps would be taken to secure a replacement for the departmental chairmanship.

Dr. Sohrab Amini has reopened his office at 521 Fourth Street, Huntingburg, after completing two years service with the U. S. Army in Kaiserslautern, Germany, where he was medical officer in charge of the dependents' clinic. Dr.

and Mrs. Amini and their four children are living at their home near Huntingburg after returning from Germany May 8.

## Indiana Physicians Attend Rome Meeting; Go to Africa

Dr. Karl R. Ruddell, Indianapolis, and Dr. George S. Row, Osgood, left May 19 on a trip to Rome, Italy, where they will attend the meeting of the International College of Surgeons, and to Africa where they expect to study economic and medical conditions in the Union of South Africa, the Belgian Congo and Southern Rhodesia. The Indiana physicians also plan to visit Dr. Wilbur P. Beeson, who is serving in a hospital in a remote section of Kenya.

Dr. Beeson served as pastor of the Friends Church at Greenfield while attending Indiana University School of Medicine. He served a year's internship at St. Vincent's Hospital, Indianapolis, practiced for a year in Greenfield and then went to Africa three years ago as a medical missionary.

Dr. Ruddell and Dr. Row will return to Indiana only a few weeks ahead of Dr. Beeson and his family who will return to the U. S. on furlough from their posts in Kenya.

The Seventh Congress of the **Pan-Pacific Surgical Association** will be held in Honolulu, Hawaii, November 14-22, 1957. All members of the profession are cordially invited to attend and are urged to make arrangements as soon as possible if they wish to be assured of adequate facilities. An outstanding scientific program by leading surgeons with sessions in all divisions of surgery and related fields promises to be of interest to all doctors.

Further information and brochures may be obtained by writing to Dr. F. J. Pinkerton, Director-General of the Pan-Pacific Surgical Association, Room 230, Young Building, Honolulu, Hawaii.



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**Applications for OB-GYN  
Certification Due September 1**

Applications for certification by the American Board of Obstetrics and Gynecology, new and reopened, for the 1958 Part I examinations are now being accepted. All candidates are urged to make such application at the earliest possible date. Deadline for receipt of applications is September 1, 1957.

Candidates for admission to the examinations are required to submit with their application, a typewritten list of all patients admitted to the hospitals where they practice, for the year preceding their application, or the year prior to their request for reopening of their application. This information is to be attested to by the Record Librarian of the hospital or hospitals where the patients are admitted, and must be submitted on 8½" x 11" paper. Necessary detail to be contained in the list of admissions is outlined in the Bulletin and must be followed closely.

Current Bulletins may be obtained by writing to: Robert L. Faulkner, M.D., American Board of Obstetrics and Gynecology, 2105 Adelbert Road, Cleveland 6, Ohio.

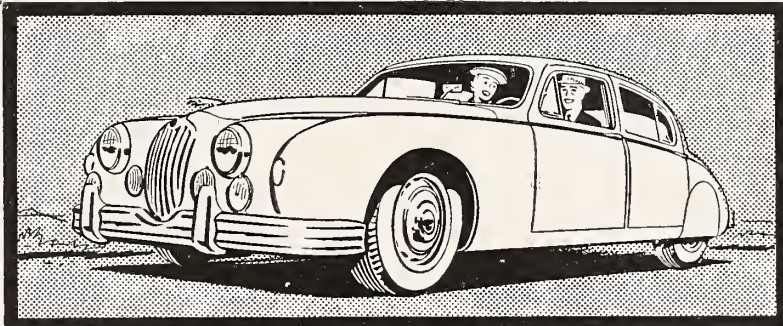
Dr. Lester D. Bibler, Indianapolis, attended the Third Annual Lake Logan Conference at Lake Logan, Canton, North Carolina, from May 17 through May 19. Sixty-four industrialists and physicians attended the conference which was sponsored by the Champion Paper and Fibre Company for the purpose of discussing subjects of mutual interest to management and the medical profession. The program featured a general session, group discussions and a concluding summary of the conference followed by general discussion. Dr. Bibler, chairman of the Committee on Industrial Medicine of the American Academy of General Practice, was the only Indiana physician attending.

Dr. William D. Province, Franklin, was re-elected for a three-year term on the board of the National Tuberculosis Association at the recent annual meeting in Kansas City. Representatives from throughout the United States and 14 foreign countries attended the meeting.

Dr. Morris E. McClure, a native of Decatur, has opened an office for the general practice of

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medicine in Union City where he has taken over the practice of Dr. H. C. Roethermel who is taking postgraduate work.

Dr. McClure served during 1945-46 in the U. S. Navy and then entered Indiana University. He received his degree in medicine in 1955. He served his internship in Lima Memorial Hospital, and has practiced medicine for one year at Columbus Grove, Ohio.

Mrs. McClure and their five children were to come to Union City for residence at the close of the school term in Lima.

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Dr. Loyal W. Combs, director of the Purdue University student health service and formerly a practicing physician in Lowell, delivered the commencement address to 109 graduates of Lowell High School May 22.

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Following a two-year tour of duty in the Army, Dr. James C. Katterjohn has returned to Indianapolis to resume the practice of radiology. Dr. Katterjohn was separated from the service with the rank of major. He was stationed at Walter Reed Army Hospital, Washington,

D. C., where he was assistant chief in the department of radiology. Prior to his return he spent one month at the Oak Ridge Institute of Nuclear Studies at Oak Ridge, Tennessee.

He has offices in the Hume Mansur Building and at 3628 North Sherman Drive and also heads the radiology departments at St. Francis Hospital, Beech Grove, and Witham Memorial Hospital, Lebanon.

Dr. and Mrs. Katterjohn and their three children reside at 5867 Central Ave., Indianapolis.

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#### Medical Assistants Elect Officers; Present Charters

The Indiana State Association of Medical Assistants held their first state convention on May 25 and 26 at the Marott Hotel in Indianapolis. Following the dinner on Saturday evening Dr. Cleon A. Nafe gave an interesting talk and showed pictures of his recent tour of Germany. Dr. Elton R. Clarke, president of the Indiana State Medical Association, presented charters to Evansville, Fort Wayne, Indianapolis, Logansport, Shelbyville and Richmond. Dr. James M.

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Leffel, president of the Indianapolis Medical Society; Mr. James A. Waggener, executive secretary of the Indiana State Medical Association, and Mr. Albert Stump, legal advisor, spoke briefly. Honorary memberships in the Medical Assistants Association were presented to Dr. Clarke, Mr. Waggener and Mr. Stump. The Evansville, Richmond and Indianapolis Associations each had a 15-minute program which was enjoyed by the entire group.

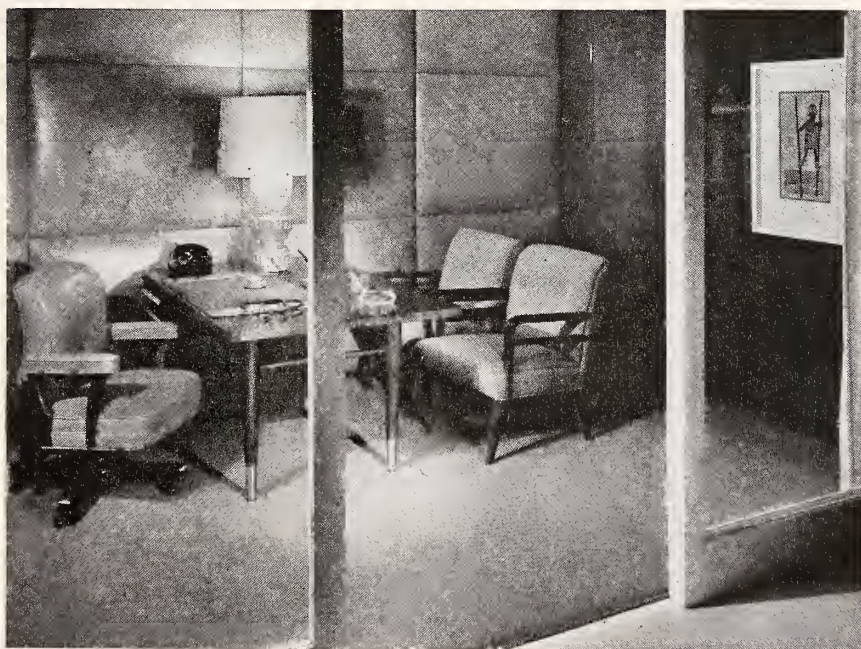
Sunday, a business meeting was held. The speaker for the luncheon, which was co-sponsored by Eli Lilly and Company, was Miss Jean Meyrick, Public Relations Department of the American Medical Association, and her theme was "Opportunities Unlimited." The talk was reported as instructive and interesting. After luncheon the following officers were elected and installed: President, Mrs. Bettye Fisher, Evansville; President-Elect, Miss Jeanne Woods, Indianapolis; Secretary, Miss J. Marie Theobald, Indianapolis; Treasurer, Miss Margaret Logsdon, Evansville; Directors (one year): Miss Helen M. Smith, Indianapolis; Mrs. Louetta Mc-

Guire, Richmond; Mrs. Goldie Brooks, Shelbyville; Miss Evelyn Sommers, Logansport; Mrs. Trudy Cleckner, Fort Wayne, and Mrs. Jean Blance, Fort Wayne; Directors (two years): Miss Dorothy Muensterman, Evansville; Mrs. Irene Wells, Evansville; Mrs. Georgia McCracken, Shelbyville; Mrs. Ethel Shilling, Indianapolis; Mrs. Ruth Howell, Delphi; Mrs. Agnes Walker, Fort Wayne, and Mrs. Margaret Pegg, Richmond.

Seventy-six members of the Association attended the convention, and in addition there were representatives from Crawfordsville, Lafayette and Rushville.

#### Status of Hill-Burton Grants to Indiana Reported

One new hospital project for Indiana was approved during May by the Department of Health, Education and Welfare in Washington under provisions of the Hill-Burton Act. Parkview Hospital at Plymouth, at an estimated cost



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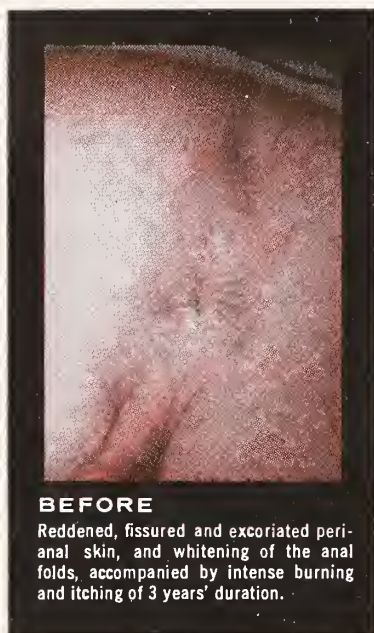
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1. Bodkin, L.G., and Ferguson, E.A., Jr.: Successful Ointment Therapy for Pruritus Ani, Am. J. Digest. Dis. 18:59 (Feb.) 1951.  
2. Fromer, J.L.: Dermatologic Concepts and Management of Pruritus Ani, Am. J. Surg. 90:805 (Nov.) 1955.



of \$1,026,000, will provide 58 additional beds. Federal share of the cost is \$342,000.

The report reveals that seven projects have been completed in Indiana. Total cost of construction was \$4,234,508 of which the federal contribution was \$1,148,738. This expenditure provided 163 additional hospital beds.

Twelve other projects are under construction, designed to supply 635 beds. The federal grant is \$4,104,263 of the total \$17,809,652.

Forty-four other projects have been approved but are not yet under construction. Cost on these contracts is \$44,373,127; the federal share is \$16,335,948 and the projects are designed to supply 2,201 beds.

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### Third Member Joins Staff at Orthopaedic Clinic, Fort Wayne

Dr. Luman W. Bromley, who recently completed a 5-year residency in orthopedic surgery at Henry Ford Hospital, Detroit, is now associated in practice with Drs. Richard C. Stauffer and Robert F. Kimbrough in The Orthopaedic Clinic, 2730 East State Street, Fort Wayne.

Dr. Bromley is a native of Kokomo, obtained his pre-medical education at DePauw University, and was graduated from Indiana University School of Medicine in 1949. He served his internship at Henry Ford Hospital and then entered the U. S. Navy Medical Corps for two years, serving as a Lieutenant, junior grade. From 1952 to 1957 he was in residency at Henry Ford Hospital. He was an associate member of the Detroit Academy of Orthopedic Surgery.

Dr. and Mrs. Bromley and their two young sons live at 4216 Drury Lane, Fort Wayne.

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Dr. L. R. Stephens, Covington, attended a Southwest Allergy Forum in Fort Worth, Texas, May 5-7.

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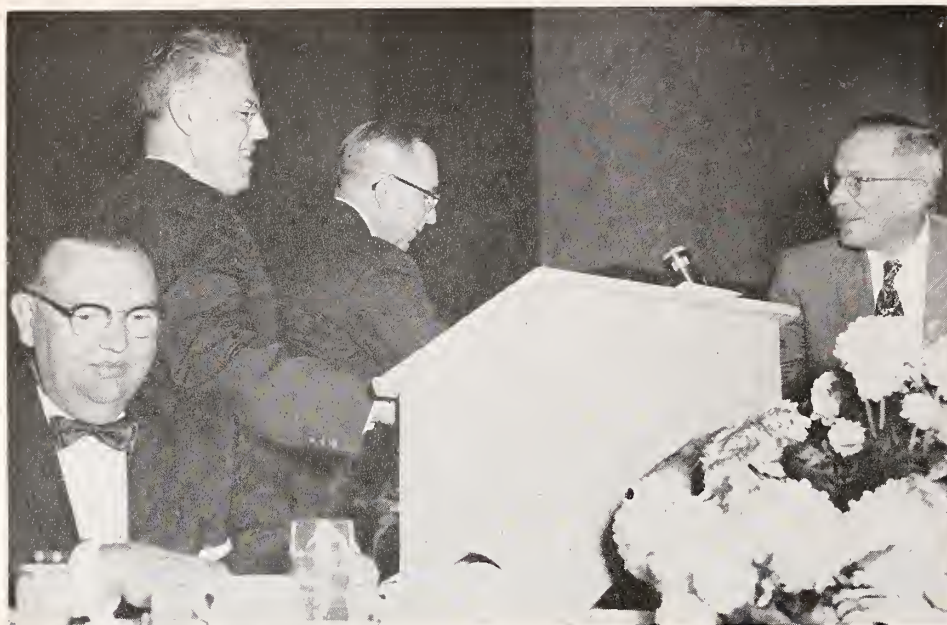
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Pictured, left to right, are James A. Waggener, representing ISMA at the Knox County Medical Society dinner May 18; Dr. Frederick Spencer, master of ceremonies; Carl L. Schaller, recipient of the Good Samaritan Hospital award; and the guest of honor, Dr. Joseph E. Smadel, Washington, D.C.

Vincennes and Knox county citizens recently joined in a community tribute to Dr. Joseph E. Smadel, a Vincennes native.

The dinner, in the Robert Green auditorium at Vincennes University, was arranged by the Knox County Medical Society to honor Dr. Smadel who is now assistant director of the National Institute of Health at Washington, D.C. and a leader in the development of new drugs.

Dr. Smadel's name will appear first on a newly established award to be known as the "Joseph E. Smadel Award" and to be given each year by the Knox County Medical Society because "the Society believes that commendation is deserved when an individual does his

duties in a manner evident to be above personal desire and financial gain."

In response, Dr. Smadel recalled his first appearance before the Society in Vincennes 23 years ago, told of the research in connection with many medical achievements (gave particular details on the Salk vaccine program), and concluded by saying of the award, that "Nothing in my career has meant more to me."

Other speakers on the program were James A. Waggener, executive secretary of the Indiana State Medical Association; James Lewis, Vincennes attorney; Drs. Ralph Smith and John Anderson, Vincennes.

A plaque was also presented to President Carl L. Schaller of the Good Samaritan Hospital.

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# District Meeting Reports

## SECOND COUNCILOR DISTRICT

The Second District Medical Society held its annual meeting at the Linton Country Club June 6 with the Greene County Society as host. In the absence of Dr. Sam I. Rotman, district president, the meeting was called to order by Dr. Asa Fender, Worthington, president of the host society.

Dr. Fender introduced Charles G. Dosch, executive secretary of the Indiana Academy of General Practice, who spoke briefly. Mr. Dosch said the Academy was pleased to sponsor and provide the program for the meeting.

The first speaker for the scientific portion of the program was Dr. Morris E. Thomas, Indianapolis, who talked on "The Viruses." Dr. Thomas also gave a talk after dinner on "The Use and Abuse of Antibiotics."

Dr. James H. Gosman, Indianapolis, was the second speaker. His subject, illustrated with excellent lantern slides, was "Dermatology in General Practice." He gave Part I in the afternoon and Part II of his paper following dinner.

At the business meeting Dr. J. H. Crowder, Sullivan, was reelected councilor, Dr. Rotman, alternate councilor, and Dr. J. S. Brown, Carlisle, was

reelected secretary. The 1958 meeting will be held in the Owen-Monroe County area; however, place and date have not been selected.

Kenneth W. Bush of the Indiana State Medical Association gave a short talk on various Association programs and business matters. L. E. Converse of Blue Shield also spoke briefly.

Dinner, buffet style, was served to 40 members and guests.

## ELEVENTH COUNCILOR DISTRICT

Highlight of the ninety-ninth semi-annual meeting of the Eleventh Indiana Councilor District Medical Association, held in the LaFontaine Country Club, Huntington on May 15, was reported to be the after-dinner talk by Dr. Seymour Hirshman, Chicago, on "Use of Hypnosis in General Practice."

Dr. Hirshman told more than 100 physicians, members of the Auxiliary, and Huntington county nurses that "Hypnosis is an adjunct to therapy, an additional therapeutic tool" and explained in detail its application in obstetrics and gynecology, surgery, dermatology, pediatrics, medicine, psychology and psychiatry, and dentistry. He told his audience

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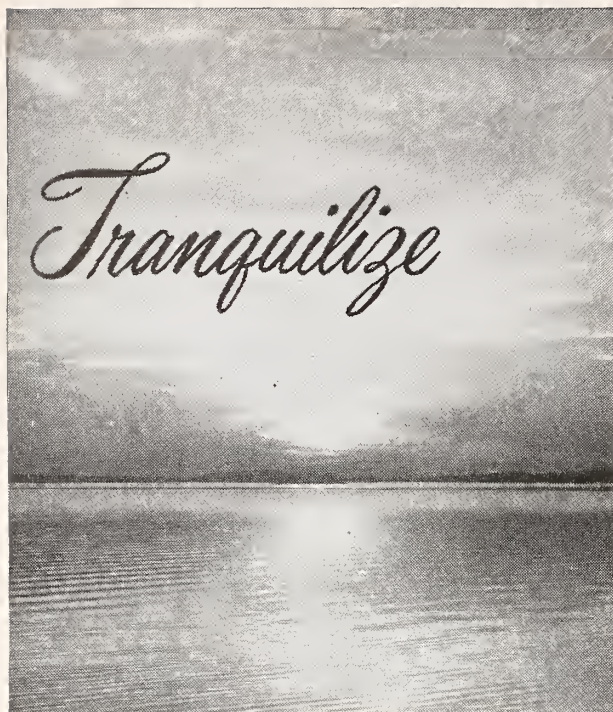
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there are many misconceptions about hypnosis and that theatrical acts have helped create many such opinions.

Earlier in the day a district business meeting was held when officers' reports were read and Marion selected as the place for the September 18 Fall meeting. Officers will be elected at that time.

At the afternoon scientific program Dr. J. S. Battersby, professor of surgery at Indiana University, presented a paper on "Esophageal Lesions," and Dr. Walter Judson, associate professor of medicine at I. U., spoke on "Combinations of Drugs in Hypertension."

Dr. Earl Bailey, Logansport, district president, presided at the afternoon sessions.

Dr. Paul M. Gray, Huntington, who with Drs. Thomas James, Jr. and Stanton E. Cope had served as the committee on arrangements for the meeting, presided at the dinner meeting. He introduced Dr. Elton R. Clarke, Kokomo, president of the Indiana State Medical Association, who responded briefly. Mrs. Earl Bailey, Logansport, president-elect of the Woman's Auxiliary to ISMA, was also a special guest.

Auxiliary members met during the afternoon at the Hotel LaFontaine, then joined the district members for a cocktail hour and the evening program in the clubhouse.

Officers of Huntington County Medical Society who served as official hosts were Drs. H. H. Marks, president; Edward D. Plasterer, vice-president; and Richard W. Wagoner, secretary-treasurer.

### TWELFTH COUNCILOR DISTRICT

Congressman E. Ross Adair, Fort Wayne, was the guest speaker at Twelfth District Medical Society meeting May 15 at Potawatomi Inn, Pokagon State Park. Representative Adair spoke on the general subject of legislation pertaining to the medical profession, discussed the possibilities of war, and suggested changes in the federal budget. Approximately 60 physicians and their wives attended the dinner meeting.

During the afternoon business meeting of the district society Dr. Milton F. Popp, Fort Wayne, was elected president; Dr. F. B. Kantzer, Garrett, vice-president; and Dr. Harold Zwick, Decatur, secretary.

James A. Waggener, executive secretary of ISMA, discussed Medicare, AMEF contributions, national and state legislation, and the AMA and ISMA conventions.

K. W. Bush, field secretary, showed the film "The Case of the Doubting Doctor."

The Twelfth District Advisory Committee to Blue Shield also met during the afternoon, naming Dr. Zwick, president of the board; Dr. Thomas Hamilton, Columbia City, vice-president; and Dr. Wayne E. Hardin, Ossian, secretary-treasurer. L. E. Converse of Blue Shield met with this committee.

The next district meeting will be held in Fort Wayne. Location and date are to be selected.



## Seventh Councilor District

The Spring meeting of the Seventh District Medical Society was held May 14 in the Empire Auditorium, Indianapolis, with Dr. T. V. Petranoff, president, conducting the general business session.

Minutes of the 1956 Fall meeting and the report of the district treasurer were approved.

Dr. Ralph V. Everly, district councilor, reported on district activities, asked county societies to keep him informed of meeting dates, and outlined the proposal to be made at the ISMA House of Delegates recommending a dues increase of \$10 to be earmarked for support of the American Medical Education Foundation.

Featured speaker for the evening meeting was Dr. C. B. Bohner, director of medical service for the Indianapolis Speedway, and a resident of Mexico for several years. He discussed the practice of medicine in Mexico and gave other interesting information regarding the cultural and economic life in that country.

Dr. Petranoff said the Fall Meeting would be

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held in Indianapolis, however no definite date had been set.

About 90 members of the District Society attended. A buffet lunch was served following the meeting.

### Ninth Councilor District

A golf tournament opened a full day's program for members of the Ninth District Medical Society at the Benton County Country Club, Fowler, on May 23. Dr. Boyd A. Burkhardt, Tipton, took top prize in the tournament, repeating his performance of the last several years.

A skeet shoot at Earl Park City Park was also on the morning program and was won by Dr. V. F. Raymundo of Attica.

Following luncheon district delegates met in the Fowler Theatre where they received the resignation of Dr. Wemple Dodds, Crawfordsville, as councilor, and elected Dr. Kenneth O. Neumann, Lafayette, to succeed him. Dr. Robert H. Leak, Boswell, was named alternate councilor.

James A. Waggener, executive secretary of the Indiana State Medical Association, spoke during the meeting on matters of importance to the Association.

The scientific session followed the business meeting in the theater. Dr. Leak welcomed the members and guests and introduced Dr. Theron G. Randolph, Chicago, who spoke on "The Modern Concept of Allergy."

Second speaker was Dr. Joseph B. Workman, associate professor of medicine at the University of Maryland, Baltimore. His subject was "Radioactive Isotopes" and included a 20-minute film, "A for Atom."

Following a social hour dinner was served in the Country Club with Thomas A. Hendricks, field director for the American Medical Association, as the guest speaker.

Guests of the district society included Dr. Elton R. Clarke, Kokomo, president of ISMA, and Mrs. Clarke, Mr. Waggener, and Kenneth W. Bush, ISMA field secretary.

The next meeting will be held in Tipton at the invitation of Dr. Albert E. Stouder, Kempton. The date has not been set.



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# News from the County Societies

A routine business meeting of the **Delaware-Blackford County Medical Society** was held in Hartford City May 21 with 42 members in attendance. No meetings of the society will be held during the summer months. The next meeting is scheduled to be held in Muncie on September 17.

A joint meeting of the **Elkhart County Medical Society** and Woman's Auxiliary was held in the Hotel Elkhart on May 2 with the society members as hosts. The dinner-meeting was held in the Empire Room with Dr. Margaret Morgan of the psychiatric department at Indiana University as the guest speaker. Members of the Elkhart Mental Health Association were also guests at the meeting.

Dr. J. O. Ritchey, Indianapolis, was the guest speaker at the May 16 meeting of **Henry County Medical Society** in the Henry County Hos-

pital, New Castle. He discussed "Thyroid Disease, Recent Developments in Its Management".

Twenty-six members attended the meeting which was the last of the season. The first Fall meeting will be held in September in the Henry County Hospital.

**Knox County Medical Society** members met April 21 for dinner and a business session in the Orchard Room of the Grand Hotel in Vincennes.

Twenty-three members were present and participated in a general discussion of sewage disposal for Vincennes.

The society accepted the transfer of Dr. Donald T. Bartlett from the Indianapolis Medical Society.

A joint meeting with the Woman's Auxiliary was scheduled for the Vincennes Country Club on June 18.

Dr. Robert Branch, Chicago anesthesiologist,

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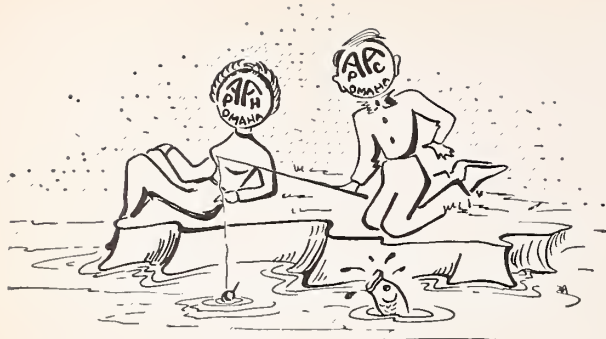
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presented a paper on "Airway" to 28 members of the **LaPorte County Medical Society** at a dinner meeting in the Spaulding Hotel, Michigan City, May 21.

Members endorsed the Red Cross Blood program during their brief business session. September 17 was the date set for the next meeting which will probably be held in the Kingsbury Ordnance plant.

A luncheon meeting of the **Lawrence County Medical Society** was held May 1 in Dunn Memorial Hospital, Bedford, with 16 members present.

During the business meeting Dr. Claude Dolens, Oolitic, was certified for membership in the Fifty Year Club and plans were made to place his name in nomination for the Physician of the Year Award made by ISMA's House of Delegates at the annual convention.

Seven honorary (senior) members of the **Madison County Medical Society** were honored at a dinner and presentation of certificates in the Anderson Country Club on May 20. Those



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who were present were Drs. Doris Meister, Seth Irwin and D. S. Quickel. Honorary members unable to attend were Drs. J. C. Armington, M. A. Austin, W. H. Hoppenrath and F. G. Keller.

Two members were elected. They are: Drs. William T. Wilder, who is presently in military service, and Suel A. Sheldon, who was to be in military service until June. Dr. Sheldon was transferred from Washtenaw County (Michigan) Medical Society. He was to open an office in Anderson in July for the practice of dermatology.

Dr. Roy V. Maxson, Anderson, entered military service May 15, the Madison County Society reports.

A short business meeting of the **Indianapolis Medical Society** was held May 14 in Empire Auditorium, Indianapolis, preceding the meeting of the Seventh District Medical Society. Dr. James M. Leffel presided.

The following physicians were elected to membership after approval by the Council: Drs. Richard A. Brickley, transfer from Wells County; Margaret M. Davis, transfer from Boise, Idaho; William M. M. Kirby, transfer from Seattle, Washington; Lucian A. Arata, Alvin S. Crawford, Joseph C. Fralich, John B. Guttman, John T. Hayne, Frank N. Hrisomalos, John D. MacDougall, B. T. Maxam, Glenn C. Millar, Charman F. Palmer, Eva Ferro Reilly, Leonard H. Talarico, and Russell S. Williams.

A report memorializing the late Dr. Harry Van Osdol was presented by the committee of three including Drs. Robert M. Dearmin, chairman; Marlow W. Manion, and David E. Jones.

Dr. Wililam H. Bond, Indiana University Medical Center, spoke on "Blood Coagulation Problems" at a meeting May 16 of the **Montgomery County Medical Society** in Culver Union Hospital, Crawfordsville.

Twenty-four members attended the evening meeting.

Dr. Keith E. Selby, South Bend general surgeon, was elected president of the **St. Joseph County Medical Society** at a meeting in the Northern Indiana Children's Hospital May 14. He succeeds Dr. Wallace D. Buchanan.

Dr. Edward M. Sirlin, Mishawaka, was named president-elect; and Dr. L. E. Bixler, South Bend, was reelected secretary-treasurer. Dr. Herbert Frank, South Bend, was elected assistant secretary-treasurer.

Others who were named to serve the society in various posts were: Drs. Jene R. Bennett and Robert Denham, delegates for three-year terms; Richard Ganser, Mishawaka, and D. Logan Dunlap, alternate delegates; James M. Wilson, board of trustees; and Charles F. Martin, board of censors.

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The next shot was a slice and again the caddy responded with ". . . an' there you goofed again!"

Just then another caddy went by and called the President's boy to one side. "Does you know who you's caddyin' for?" he asked. "That am the President of these United States!"

"Sho nuff?" questioned the first and "Sho is," replied the second.

The President's next shot was a good one, and his caddy fairly beamed up at him as he said: "Yo shore is improvin', Mr. Lincoln!"

The salesman after gaining entrance to the prospect's home put on his personality act. "My what a lovely home you have," he gushed. "And pray tell me what is in that beautiful vase on the mantel?"

"My husband's ashes," said the young wife.

"Oh, I'm so sorry. How long has he been dead?"

"He's not. Just too lazy to find an ashtray."

Assistant: "No, madam, we haven't had any for quite a long time."

Manager (overhearing): "Oh, yes, we have, madam; I will just send to the warehouse and have some brought in for you." (Aside to assistant): "Never refuse anything; send out for it."

As the lady went out laughing, the manager demanded of the assistant: "What did she say?"

Assistant: "She said, 'We haven't had rain lately.'"

A husband is a man who lays down the law to his wife, and then accepts all her amendments.

Two Hollywood children were talking as they were walking home from school one day.

"I've got two little brothers and one little sister," boasted one. "How many do you have?"

"I don't have any brothers or sisters," answered the second one, "but I have three papas by my first mama and four mamas by my last papa!"

Horse sense is what a horse has that keeps him from betting on people.

A yawn may be bad manners but it's an honest opinion.

"Got any references?" asked the plumber.

"Yes," said the applicant, "but I left them at home. I'll go get them."



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2.	Sam I. Rotman, M.D., Jasonville	J. S. Brown, M.D., Carlisle	
3.	Wm. H. Robinson, M.D., Mitchell	Joseph C. Dusard, M.D., Bedford	
4.	William A. Johnson, M.D., North Vernon	Benet W. Thayer, M.D., North Vernon	North Vernon, May 7, 1958
5.	Jack R. Glosson, M.D., Clay City	John M. Palm, M.D., Brazil	Brazil, 1958
6.	H. N. Smith, M.D., Brookville	Kenneth G. Hill, M.D., New Castle	Greenfield, May 8, 1958
7.	T. V. Petranoff, M.D., Indianapolis	Arthur W. Records, M.D., Franklin	
8.	B. D. Wagoner, M.D., Union City	Howard W. Koch, M.D., Winchester	
9.	J. A. Van Kirk, M.D., Frankfort	Dan Tucker Miller, M.D., Fowler	Tipton, 1958
10.	E. J. DeGrazia, M.D., Valparaiso	Wm. C. Robertson, M.D., Chesterton	Whiting, Sept. 4, 1957
11.	Earl W. Bailey, M.D., Logansport	Charles L. Wise, M.D., Camden	Marion, Sept. 18, 1957
12.	Milton F. Popp, M.D., Fort Wayne	Harold F. Zwick, M.D., Decatur	Fort Wayne, 1958
13.	R. E. Nelson, M.D., South Bend	O. E. Wilson, M.D., Elkhart	South Bend, Nov. 20, 1957



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# The Fourth Estate Looks at Medicine

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

## YOU AND YOUR DOCTOR

Do we have enough doctors in Indianapolis and in Indiana generally? Are their services adequate, and the fees they charge for them fair to the public and sufficient to compensate the doctor himself for his skill and the years he spends acquiring it? Should our medical educational system be expanded faster than now is planned, in order to provide more doctors sooner?

These and similar questions affecting the medical profession and—more important—the health of every family, have been much in the news. Readers of The Times who have followed the letters on this subject recently in the Hoosier Forum on this page probably have noted with amusement how controversially “hot” this subject is. In such public discussion, we believe, one sees the American way of doing things very practically at work. When a newspaper can print such opinion, pro and con, and when it can perhaps add some light on the subject from person-to-person reporting that includes the views of both experts and laymen, then the newspaper is living up to the function upon which the Constitutional guaranty of freedom of the press is based.

Thus, though The Times doesn't believe in socialized medicine, its forum columns are open to those who do; and its news columns contain opinion on both sides, when such opinions make news. Those who read Times reporter Robert Bloem's article in the Sunday Times, “Does Indiana Need A New Medical School?” came away better informed. Mr. Bloem quoted Carl Mullen, president of the State Federation of Labor, who believes we don't have enough doctors, especially for emergencies; on the other side, he fairly quoted medical spokesmen who believe that only a gradual and slow expansion of the Indiana University School of Medicine is warranted.

For the present, we have taken no cast-iron position on this phase of the medical service question. But believing in the American competitive medical system as we do, we are nevertheless alerted by the letters and complaints that keep coming in from people who say they “can't get a doctor,” that “doctor bills are too high,” that “doctors are running a monopoly,” and so on. We don't necessarily agree with such statements. But they are being made. It is up to the medical profession itself, we believe, to search its economic

soul and if improvements and corrections are needed, to face up to the facts.

Confident as we are in our wonderfully skillful and devoted doctors, we believe they'll do just that. When they do, demagogic yells for socialized medicine may not be expected to subside, but at least to get less attention.

—*Indianapolis Times.*

## YOU CAN'T DO THAT TO A HORSE

The American Medical association, at its recent convention, was warned that some college and high school athletes are using so-called pepup pills to stimulate themselves to super-performances. These drugs are amphetamine and its derivatives, better known by one of their trade names, benzedrine. Students have also been known to use them as stimulants at examination time.

The use of these drugs, which are supposed to be available only on a physician's prescription, is exceptionally dangerous, Dr. Herbert Berger of New York warned his colleagues. Some users lapse into narcotic addiction, and the drugs themselves may put the user in a reckless, anti-social mood. By suppressing fatigue warnings, they stimulate athletes to overstrain their hearts.

Just how widely the pep pills may be used isn't easy to determine. Both coaches and athletes will unquestionably deny that they use them, but nevertheless the use is not uncommon, and will become widespread if it is not curbed. Dr. Berger dwelt merely on the deleterious effect of the amphetamine compounds. He failed to mention that taking them constitutes cheating in an athletic contest.

Before World War II the Japanese were widely criticized because they gave their Olympic swimmers inhalations of oxygen just before they competed. The oxygen was obviously harmless. All that it did was give the athlete the equivalent of a little extra lung power when he needed it most. But this artificial aid was denounced as unsportsmanlike.

Race track officials conduct an unremitting campaign against the stimulation of horses. Most of the stimulants, of which caffeine is an example, don't hurt a horse, but they do cause acute pain to the \$2 bettor. Using harmful drugs to stimulate a human competitor is considerably lower on the moral scale.

If amateur athletic organizations haven't rules on stimulants that cover this practice, they should adopt and enforce them without delay. Fortunately they can be enforced easily. Simple tests will determine whether an athlete has used one of the drugs.

—*Chicago Tribune.*

*Continued*



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## The Fourth Estate (continued)

### GETTING INTO MEDICAL SCHOOL

Some of our medical friends have taken issue with an editorial which appeared in this space on Wednesday entitled "Hard To Enter College," and we are glad to offer additional, and more correct, information on the subject.

The editorial referred to applications for entrance into medical schools and suggested that many youths are disheartened when their applications are rejected, even though they have good scholastic records. The suggestion was that this is true of applications to colleges other than medical schools, as well.

It was also intimated that high school students with "A" averages in grades are the ones who are accepted by medical schools, to the exclusion of those whose scholastic records show a "B" average.

Upon further examination, we find that these observations were in error and that they represent a common (and mistaken) impression that it takes an "A" average to get into a medical school. We are assured that it is not true that medical schools are accepting only "A" students. In the case of the medical school at Indiana University, the majority of students accepted are "B" students, and the school still admits a few who have slightly less than a "B" average.

Our authority for that statement is Dr. J. D. Van Nuys, dean of the IU School of Medicine. The school takes some 150 applicants a year, and the largest number of all-"A" students it has admitted in any year was 13, he said. In weighing applications for enrollment, the IU medical school rates scholarship around 60 to 65 per cent, but judges the applicant's mental and physical health and his character references almost as highly.

An applicant with a record of strong "B" work has no difficulty getting into the school, Dr. Van Nuys stated, provided that he has other qualities which the school considers important for physicians and surgeons. He agreed that currently some students must be turned down although their grades would have qualified them for admission five or six years ago. This is because the state's population is increasing and competition for admission to study medicine is stronger.

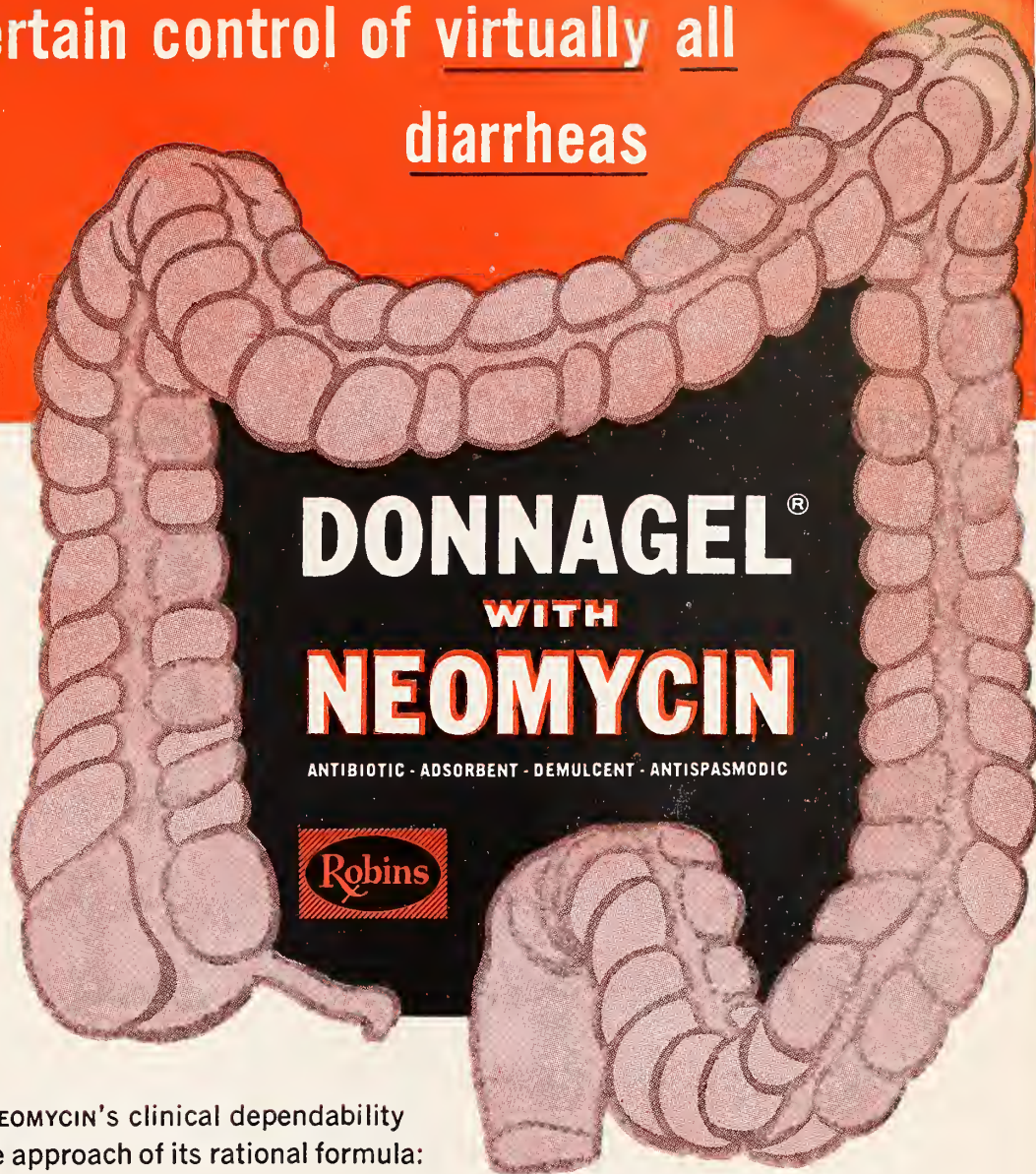
The point is that young people hoping to become doctors should not hesitate to seek admission to medical schools because their grades are not all A's. They should not shy away from attempting to realize their ambition in the fear that it is hopeless.

—Kokomo Tribune.



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**This summary of what is happening in Washington is prepared by A.M.A.'s capital office and airmailed to THE JOURNAL on the ninth of each month.**

## **THE MONTH IN WASHINGTON**

Washington, D. C.—The economy drive to the contrary notwithstanding, health spending by the Department of Health, Education, and Welfare for the fiscal year that began this July already is assured of surpassing last year's record by some \$33 million. This assumes, of course, that no further requests will be made by HEW for supplemental funds, a practice common in government for many years.

Research programs were the most favored by legislators, many of whom spoke out against federal spending by other agencies. But when the health budget came up for debate, the economy oratory subsided.

In only one instance was a health program cut back. And to the surprise of many, it occurred in the Senate which traditionally restores budget cuts originating in the House. A sum of \$45 million was voted, instead of the House-approved \$50 million, for grants to states for sewage treatment works construction. But then the Senate wrote in language permitting states to get their maximum allotments a full year after the fiscal year ends.

The Hill-Burton hospital construction program received \$3.8 million less than last year but only because the administration asked for \$121.2 million instead of the \$125 million appropriated last year.

The National Cancer Institute received the largest dollar increase of any health item in the budget. The increment was \$8 million over last year. The administration had asked for \$48.4 million, the House voted \$46.9 million, and the Senate raised this to \$58.5. It was finally compromised at \$56.4 million.

Congress obviously agreed with the views expressed by the Senate Appropriations Committee: "... the committee is fully aware that it is providing funds for cancer research, the

outcome of which is unknown. On the judgment of those who are scientifically most competent, the committee is fully willing to risk the investment on the ground that the chance of a big pay-off is a reasonable one. Such risks are inherent in research."

The Institute of Arthritis and Metabolic Diseases fared well, too, getting a total of \$20,385,000 compared with last year's \$17,885,000. And the Senate Committee charged the institute with taking leadership in research on effects of radiation on the human organism.

The Mental Health Institute's spending has been going steadily upward, and this year it was given another boost with a final appropriation of \$39,217,000, an increase of about \$4 million. Other research totals for the current year: National Heart Institute, \$35,936,000; Neurology and Blindness Institute, \$21,387,000; Allergy and Infectious Disease Institute, \$17,400,000.

On only one score did the research advocates lose out. The House view prevailed in conference on the setting of a 15% ceiling on additional overhead costs allowed schools and other institutions getting federal grants. This question which drew considerable attention in hearings is likely to be reopened. Congress wants a General Accounting Office study by the end of this year.

### **U.S.P.H.S. PLANS SURVEY**

In voting a \$5 million increase (to \$22,592,000) for general public health assistance to the states, Congress was reaffirming its support of helping local health departments increase their professional staffs and broaden their services. The Senate Committee report contained this significant language:

"... with a population increase of more than 20 million during the past decade, there are no more organized health departments than there



were 10 years ago. This means that 18 million people are living in areas with no full-time organized community health services, and millions more live in areas where such services are only fragmentary."

A few days later, the Public Health Service announced plans for a broad survey of rural health needs, particularly in sparsely settled areas. It picked for its first study Kit Carson County, Colorado, an area known for its scattered farm population, low income level and adverse climatic conditions.

#### CAPITOL NOTES

The President has signed into law a two-year revision of the doctor draft law permitting selective call-up of physicians to age 35 if they were deferred from regular draft service to complete professional training . . . The poliomyelitis vaccine act expired July 1 with all but \$400,000 of \$53.6 million taken up by states for inoculation programs. An estimated 29 million children and pregnant women received 70 million injections . . . The Public Health Service has conferred with the American Medical Association

on medical manpower plans in event of an epidemic of the new Far East influenza . . . The National Library of Medicine no longer is lending books and other material over the counter to individuals; requests must be channeled through other libraries . . . The administration bill on federal workers' health insurance has been introduced; it combines both basic and major medical coverage.

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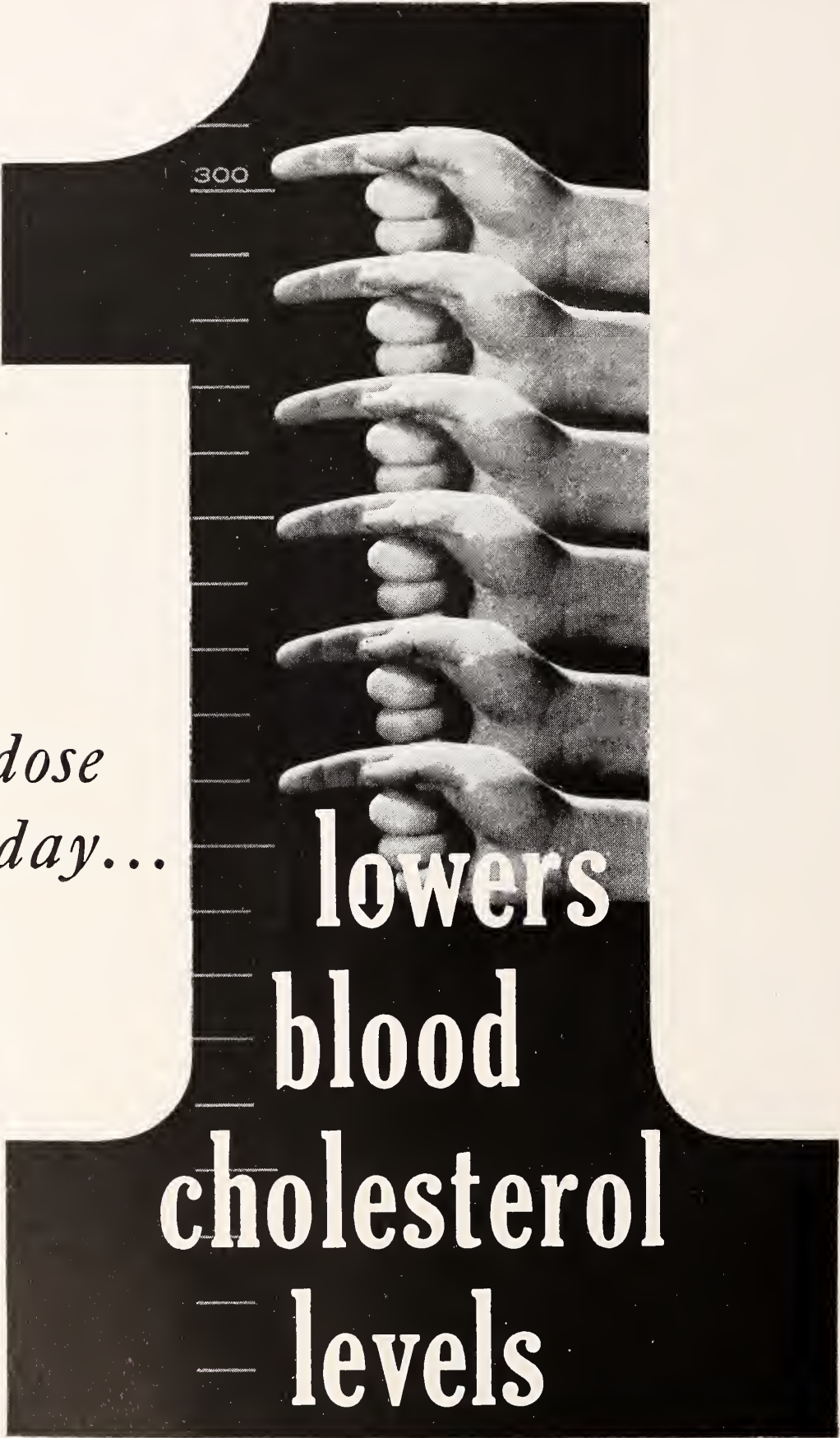
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#### STARTING DATES — FALL, 1957

#### SURGERY—

Surgical Technic, Two Weeks, September 16, October 28  
Surgery of Colon & Rectum, One Week, September 16  
Basic Principles in General Surgery, Two Weeks, October 14  
Surgical Anatomy & Clinical Surgery, Two Weeks, September 30  
Treatment of Varicose Veins, September 9  
Thoracic Surgery, One Week, October 7  
Esophageal Surgery, One Week, September 30  
Gallbladder Surgery, Three Days, November 4  
Surgery of Hernia, Three Days, November 7  
General Surgery, Two Weeks, September 23; One Week, October 28  
Fractures & Traumatic Surgery, Two Weeks, October 21

#### GYNECOLOGY & OBSTETRICS—

Office & Operative Gynecology, Two Weeks, September 16  
Vaginal Approach to Pelvic Surgery, One Week, September 9  
General & Surgical Obstetrics, Two Weeks, September 30

#### MEDICINE—

General Review Course, Two Weeks, September 23  
Electrocardiography & Heart Disease, Two Weeks, October 7  
Hematology, One Week, September 9  
Gastroscopy & Gastroenterology, Two Weeks, September 9  
Dermatology, Two Weeks, October 14

#### RADIOLOGY—

Diagnostic X-Ray, Two Weeks, September 16  
Clinical Uses of Radioisotopes, Two Weeks, October 7

#### UROLOGY—

Two-Week Extensive Course, October 7

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## Wanted: PHYSICIANS LOCATIONS

Five additional communities asked the Physicians Placement Bureau of the Indiana State Medical Association for assistance in securing physicians to locate in cities ranging in population from 1,500 to 55,000.

The following new listings were received during June:

### NEED PHYSICIANS

**EDINBURG**—Johnson County; population 4,000 with a large potential area. Located 10 miles from the county hospital at Franklin. Two physicians in the town have retired, leaving one practicing physician. Office space and housing available. Project under way to build and equip a modern three-doctor clinic. Contact Harvey Allison, Exec. Secretary, Chamber of Commerce, Edinburg, Indiana.

**FRANKLIN**—Johnson County; Indiana Masonic Home—Opening for a full-time physician at the Masonic Home—200 bed hospital for the aged. Franklin is a community of 8,000. Physician to live outside the Home. Contact E. M. Dill, Superintendent, Indiana Masonic Home, Franklin.

**EAST CHICAGO**—Lake County; population 54,263. Opening for a general practitioner and pediatrician. Contact R. J. Jarabak, 4326 Ivy Street, East Chicago, for details.

**BOURBON**—Marshall County; population 1,500. Opening for an associate in the office of Dr. George Marshall. Contact Doctor Marshall for details.

**LAFAYETTE**—Tippecanoe County; population 55,000. Opening for an orthopedic physician in the Arnett Clinic. Contact Dr. E. T. Stahl, 312 N. 8th St., Lafayette, Indiana.

### SEEK LOCATIONS

V. E. Scherer, M.D. (general practice), Fountain Run, Kentucky.


Ferdinand Werner, Jr., M.D. (general practice), 9 Dix Avenue, Glens Falls, New York.

Edward A. Rayhill, M.D. (general practice), 61 Woodland Road, East Greenwich, Rhode Island.

Myron G. Chapman, M.D. (internal medicine and cardiology), 2744 Medvale Avenue, Los Angeles 64, California.

Richard J. Peters, M.D. (internal medicine), 217 Loomis Avenue, Syracuse 5, New York.





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# The Journal

of the INDIANA STATE MEDICAL ASSOCIATION

Supervised by THE COUNCIL

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## Asthma, of Eight Years Duration, Due to Milk

IRVIN CAPLIN, M.D.

*Indianapolis*

JUVENILE ASTHMA, with all its crippling sequelae, is often due to a common food such as milk.<sup>1</sup> Unless the specific allergen, in this case milk, is avoided, treatment will fail. This case is being reported because it illustrates the following points:

1. Factors were present which would enable one to make a diagnosis without the aid of laboratory equipment or laboratory procedures.
2. The importance of a carefully elicited history.
3. Basic principles concerning the behavior of allergic disease in infants and children.
4. Early and proper allergic management in this case would have not only saved immeasurable morbidity, but would certainly have prevented the deformed oral cavity and pulmonary emphysema which the child now has.

### CASE REPORT

K. B., a nine year old white female, was first seen on December 11, 1956. Her presenting complaint was asthma of almost eight years duration.

Chronologically, the history of illness starts at the age of two weeks. Breast milk was inadequate and child was started on Similac. Within a few days she developed projectile vomiting. From this time onward through infancy, her history was one of continuous vomiting and formula alterations. At two months of age her formula was changed to buttermilk and Karo.

At three months of age, vomiting became so severe, the child was hospitalized. Pediatric consultation was requested. She was felt to be organically well and mother was told she was probably overly concerned about the child's health. At four months of age, formula was changed to homogenized milk and cream of wheat. At six months of age, dextrimaltos was added to the formula. At ten months of age,

she was hospitalized with pneumonia and mother was advised not to smoke around child.

Her first attack of asthma occurred at one year of age. She was skin tested at that time and found to react to many foods and molds. Strangely enough, no formula change or diet was recommended. Hyposensitization was advised but the family refused.

Asthma continued. She was never completely free of wheezing. Her treatment consisted of hypodermic epinephrine and anti-histamines. At three years of age, family was advised to take the child to Florida. She spent one month there in the winter of 1951 with no relief from her paroxysms. Her asthma became so severe in Florida that hospitalization was required. At age four, she spent two months in Florida, again without relief. There has been no seasonal variation. An injection of penicillin at that time produced severe asthma. She has had no more penicillin. From age four to age seven, patient received vaccine, epinephrine and a large amount of antibiotic therapy. She missed a great deal of school. In the interim a tonsillectomy and adenoidectomy was advised and performed. Her asthma continued unabated.

Two years ago a clinical sensitivity to house dust developed. During the past 18 months she has been receiving injections of dust and vaccine weekly. She has averaged about 24 capsules of tetracycline per month. ACTH has been administered every two to three weeks for the past year for severe asthma. Parents were told that she was suffering from a bacterial allergy.

The mother, who is a hay fever sufferer herself, was reluctant to subject the child to further diagnostic or therapeutic measures. Her visit to the office was primarily to enlist our aid in arranging admittance to the Jewish Home for Asthmatic Children in Denver. While arrangements were being made to help with this, the family decided to again try allergic management at home.

Physical examination revealed a thin, pale girl of nine with some cough and slight audible wheezing. The front teeth were protuberant and there was a high Gothic arch to the hard palate. Inspection of chest revealed her to be using accessory muscles of respiration. The clavicles were elevated. There was a slight increase in the A-P diameter of the chest. The angle of Louis was increased. Auscultation revealed inspiration to be clear and expiration to be pro-

longed with musical rales present throughout both lung fields. The heart was normal. Physical examination was otherwise within normal limits.

Patient was skin tested to common household allergens, pollens and molds. Reactions were positive to dust, feathers, silk, wool, tragacanth, flaxseed, ragweed, grasses and several molds.

Laboratory data revealed: Hgb 13.4, RBC 4.45, WBC 8,550, adult polys 37, Bands 2, lymphocytes 50, monocytes 1, eosinophils 9, basophils 1. The urinalysis was negative. A nasal smear revealed 52% eosinophils. A chest x-ray was within normal limits.

The family was instructed as to the avoidance of dust, feathers and other household allergens. In addition, because of history, child was placed on a trial milk-free diet. On December 17, 1956, hyposensitization was started with dust, vaccine, ragweed, grasses and molds.

Since December 11, 1956, when the patient was first seen at this office, there has been no asthma except on two occasions:

1. After drinking a glass of milk at a neighbor's house.
2. After eating a bar of milk chocolate.

This has been the first time in this child's life since onset at age one that she has ever been completely free of asthma more than 24 hours. At the time of writing, except for the two occasions noted above, child has been free of asthma for seven months.

## DISCUSSION

There are several points worthy of comment:

1. This child was a feeding problem when less than one month of age. This should lead one to at least suspect allergy to milk.
2. Again at age three, she developed severe asthma following an injection of penicillin. This again should lead one to suspect milk. In recent years, cattle have been treated with penicillin both by injection and locally in ointment form for mastitis.<sup>2</sup> Thus, a sensitivity to milk is coupled with a sensitivity to penicillin, the latter occurring in pooled milk.
3. The younger the child, the more apt is food allergy to be a factor.
4. Perennial asthma without let-up should again lead one to suspect a common aller-



gen and daily exposure. Thus, common food should again be suspected.

5. The importance of identifying and avoiding the specific allergen and the ease with which this can usually be done in a child is well illustrated in this case.
6. Again, it should be stated that prompt recognition of the cause would have prevented the deformed oral cavity as well as the pulmonary emphysema which she now has.

Cow's milk contains four proteins:

- |                  |             |
|------------------|-------------|
| 1. Lactalbumin   | 3. Casein   |
| 2. Lactoglobulin | 4. Opalisin |

Lactoglobulin and opalisin occur in small amounts and are felt to be a minor factor allergenically. Allergy to casein is uncommon but does exist. Casein is coagulated in the stomach and usually well digested before reaching the tissues.<sup>3</sup>

Lactalbumin is the most antigenic of the cow's milk proteins. Alteration by boiling allows some infants to tolerate boiled and evaporated milk. Although the casein of goat's milk and cow's milk are identical, the low incidence of sensitivity to this protein allows frequent satisfactory substitution of goat's milk for cow's milk. This is not always the case, as one sees many cross reactions to the lactalbumins though they do differ a great deal.

Milk substitutes such as soy bean milk and nutramigen have been valuable adjuncts in milk

sensitivity in the infant. A meat base formula seldom is needed. In the older child, there is no problem. Sometimes it is difficult to convince parents that a child can thrive without milk; yet, the only animal who drinks milk after weaning is man.

It is difficult to say at this time whether her positive reactions to ragweed, grasses, and molds signify clinical sensitivity or more probably future clinical sensitivity. However, inasmuch as she is to be treated with dust because of present clinical sensitivity, it would be wiser to add grasses, ragweed, and molds to her therapy rather than carry her through these seasons unprotected. In view of her prompt response to a milk-free diet, further dietary restrictions and skin testing to foods seemed superfluous and was not done.

---

3120 N. Meridian, Indianapolis.

## SUMMARY

A case of asthma of eight years duration due primarily to milk is herein presented. The importance of history and avoidance in allergic care are well illustrated in this case.

## REFERENCES

1. Clein, Norman W.: Cow's Milk Allergy in Infants, *Pediatric Clinic of North America*, 1:949, 1954.
2. Feinberg, Samuel M. and Feinberg, Alan R.: Allergy to Penicillin, *V.A.M.A.*, 160:778-779, March 3, 1956.
3. Hill, Lewis Webb: *The Treatment of Eczema in Infants and Children*, C. V. Mosby Co., 1956.

# Management of the Alcoholic in the General Hospital\*

EDWARD G. BILLINGS, M.D.\*\*

Denver, Colorado

THERE ARE TODAY 50 million Americans using alcohol in some form, and of these a conservative 5 million are alcohol addicts. The latter figure is increasing by 56,000 per year. Three out of 20 of these new sufferers are women. Thus, alcoholism, as has been stressed by other speakers, constitutes one of the United States' most urgent health problems. As a health problem it is not solely in the province of the physician. It is an equal problem for the legislator, welfare agency, law enforcement agencies, the psychiatric hospital and the general hospital—truly a community responsibility.

"Alcoholism" is *not* a psychiatric or medical diagnosis. It is a form of behavior that is a manifestation or symptom of one or more of a wide variety of sociological, medical and psychiatric disorders.

Therefore, in speaking to you of the management of the alcoholic in the general hospital, since alcoholism is not a unitary syndrome, I cannot possibly describe a particular or special treatment procedure. About all any therapeutic procedure has in common with any other one is that they all fail in too many instances.

The first step in the control, management and eradication of serious alcoholism is early *detection*. Therefore, every patient over the age of 18 years, most certainly every patient of adult age, admitted to a general hospital, must be suspected of having trouble in this field until it is proved otherwise. For the sake of discussion, the alcoholic in a general hospital falls into 3 categories: the acutely intoxicated person, that is the one with 0.2 per cent to 0.5 per cent blood alcohol

concentration; second, the known chronic alcoholic medically or surgically ill; and third, the unsuspected chronic alcoholic, usually with some concurrent medical and/or surgical condition.

## THE ACUTE CASE

The management of the person acutely intoxicated, i.e., the one showing emotional instability, incoordination, on to confusion, stupor and coma, is essentially a medical procedure. This procedure, which usually requires up to three to five days, includes the following:

1. Immediate protection from infection by the use of appropriate antibiotics.
2. Restoration of fluid and electrolyte balance, and protection from vitamin deficiency via intravenous glucose, saline solution, and vitamins. I personally usually give 10 to 15 units of regular insulin with each liter of intravenous solution, for it is quieting and supportive to the patient.
3. Sedation—25 to 50 mgm. of Chlorpromazine with 2 or 3 drops of procain solution intramuscularly may be administered if the patient's cardiovascular functions do not contraindicate its use. At times 20 to 40 units of ACTH twice a day for one to two days has proved valuable in alleviating the patient's discomfort. At night, chloral hydrate solution or paraldehyde in *large enough doses* are the choices of hypnotic.
4. Protection from convulsions is relatively simple and if routinely used for a few days can prevent many hazards to the patient and additional problems for the hospital and the physician. I give 0.1 gram of

\* Presented to the Indiana State Medical Association Annual Meeting, October 17, 1956, Indianapolis, as part of a panel discussion on "Alcoholism".

\*\* 1820 High Street, Denver 18, Colorado.



Dilantin two or three times daily for three to five days fairly routinely.

5. Orientation of the patient and his family as to the problem of alcoholism and what can and should be done about it.
6. On recovery from the acute phase every patient is deserving of another thorough physical and neurological examination, for on this may depend the protection of the patient's biological and physical resources until he will permit his psychological and emotional ones to be approached.

The known chronic alcoholic or the unsuspected chronic alcoholic when admitted to hospital for medical and/or surgical reasons is a serious risk. He takes his anesthetic poorly, his postsurgical recovery may be stormy, and his medical disorder more fulminating. Very often I am asked to see a patient in the first 24 to 48 hours after surgery because he has convulsed, or more frequently is delirious, paranoid, or in the throes of an acute hallucinosis. Such reactions with all the attendant complications could have been prevented had someone suspected the possibility of chronic alcoholism existing or found it existed by appropriate questions during the initial history taking period.

### SIGNIFICANCE OF DREAMS

In the instance of the chronic alcoholic with a medical disorder the prevention of delirium lies in detecting the forerunner symptoms of it. In my experience, if one inquires about the patient's sleep and particularly of any dreams, one of the most frequent very early indications that a delirium may be developing will be elicited. When dreams begin to worry the patient after he awakens in the morning to the point where if asked he will tell you about the experiences, that

fact can well indicate that a delirium is in the making—the storm warning is out!

The management of such patients includes first and foremost an explanation to the patient of exactly what is actually happening to him and what he feels or believes is happening to him. He must be oriented and kept oriented. This is predicated on the ingenuity of physicians and nurses, keeping his room lighted at night and a careful explanation of all procedures before the procedures are initiated to avoid misinterpretations and fear reactions on his part. In addition, one must then depend on appropriate supportive medical procedures and the judicious use of hypnotics at night.

### AIDS TO REHABILITATION

Besides these emergency procedures to meet such acute and distressing reactions as I have referred to, the most important single responsibility of the physician to his alcoholic patient in a general hospital is to use every opportunity to orient and educate the patient, his family and anyone else having great influence on him, as to the seriousness of alcoholism, that it is symptomatic of some underlying personality difficulty, which can be understood and modified with his collaboration, and to desensitize him to accepting help, to give him knowledge of how and where he may obtain such help and if possible to steer him to the same.

To help the alcoholic to ultimate recovery and adjustment requires great patience and time and repeated efforts whenever the opportunity arises such as when he is required to go to the hospital. Every contact with the alcoholic in a general hospital and/or in the office constitutes an opportunity to start him toward sobriety, abstinence and a healthier adjustment in life. Every contact may be the "break" we need and the one the patient so justly deserves.

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## Abstract:

### A SIMPLIFIED TECHNIQUE FOR MAXILLARY SINUS IRRIGATION THROUGH THE NATURAL OSTIUM

Graves, John W. (Indianapolis): *Eye, Ear, Nose & Throat Monthly* 36:167-169 (March) 1957.

The author discusses the value of irrigations of the maxillary sinus through the natural ostium, and has devised a modification of the Van Alyea cannula in which the opening is limited to an eyelet

in the outer curvature. He believes that with this tip one can deliver one straight stream of irrigating solution with sufficient force to easily cleanse the sinus. He has used this method in the treatment of more than 3,600 cases in the past 10 years without complication.

The cannula is being manufactured by Askin Surgical Company, Southport, Indiana.

*Alan L. Sparks, M.D., Indianapolis.*

# The Acquired Hemorrhagic Diatheses of Pregnancy: Seven Case Reports

WILLIAM D. RAGAN, M.D.\*

*Indianapolis*

THE PREPARATION of this paper was stimulated by the occurrence of seven cases of hypofibrinogenemia at the Indianapolis General Hospital and the Indiana University Medical Center between July 1, 1955 and January 1, 1957. It is interesting to note that this diagnosis had not been made at these institutions prior to July, 1955. This emphasizes the newness of this concept. One maternal mortality and four fetal mortalities are among the seven cases to be presented. Since the general practitioner delivers 90 to 95 per cent of the babies in this country it is indeed important that he be made aware of this group of entities. It is hoped that this paper will serve that purpose.

## PRESENTATION OF CASE HISTORIES

**Case 1.** Q.B., 23 year old female, para 2, gravida 3, last menstrual period October 20, 1954. Estimated gestation 39 weeks.

Past obstetrical history: 1 premature, 1 full term delivery, without complications.

Prenatal course: 7 visits, RH negative. No complications.

Hospital course: On July 12, 1955 patient admitted in active tumultuous type labor. Delivered spontaneously a 5 lb., 6 oz. male infant. Placenta delivered spontaneously one minute later. Considered complete and normal. Thirty minutes later 750 cc. of bright, red blood gushed from the vagina. Examination of the vagina, cervix, and uterus, failed to reveal laceration or rent. Clinical shock present. 3,500 cc. whole blood and 1,100 cc. plasma administered. It was noted that blood in the typing and cross match tubes failed to clot, and suspicion of a coagulation defect was entertained. Fibrinogen level reported as 80 mgm.%. Prothrombin

time 24%. Six grams of fibrinogen was administered IV and the hemorrhage stopped. Six hours after fibrinogen administered the concentration was 292 mgm.%. The patient had a stormy, febrile postpartum course. The patient was discharged in good condition on July 29, 1955.

Final maternal diagnosis: (1) Pregnancy, uterine, delivered 39 weeks gestation; (2) Premature living infant; (3) Suspected partial abruption of the placenta; (4) Acquired hypofibrinogenemia, with severe postpartum hemorrhage.

**Case 2.** D.C., 31 year old female, para 5, gravida 8, abortion 2. Last menstrual period April 26, 1955. Estimated gestation 26 weeks.

Past obstetrical history: In 1945, a 3 month abortion; 1952, a 7 month premature that lived 1½ hours; 1954, a 5 month abortion. Other pregnancies were normal.

Prenatal course: 8 visits. 46 lb. weight gain. Diagnosis of essential hypertension by Department of Medicine. Placed on hypotensive drug, low sodium and caloric diet. Heart tones never detected. Mother claimed to feel fetal movement.

Hospital course: Admitted on October 3, 1955 with chief complaint of vaginal bleeding and cramping lower abdominal pain. Eyes, ears, nose and mouth crusted with blood. Contractions present. Relaxation between contractions. Patient admitted at 12:45 p.m. At 3 p.m. it was noted that blood in T and C tube did not clot. However, Fibrindex, a screening test for hypofibrinogenemia, was normal. Platelet count normal. At 6:45 a.m., October 4, 1955, a sterile vaginal examination was performed and membranes artificially ruptured. At 7:45 a.m. a 1 lb. 3 oz. stillborn infant was delivered. The placenta was markedly atrophic with much old adherent blood clot on the maternal surface. Bleeding continued until definitive therapy was begun. The patient received a total of 2,500 cc. of fresh whole blood, 1 gm. of fibrinogen, and 50 mgm. of vitamin K. Laboratory studies: 9 a.m., October 4, 1955, fibrinogen 81 mgm.%; on October 12, 1955, 739 mgm.%. The patient was released from the hospital on the 14th postpartum day.

The patient was readmitted to hospital on March 15, 1956 and a diagnosis of homologous serum jaundice made. Total bilirubin 14.8, direct 8.4, indirect 12. Thymol

\* From the Department of Obstetrics and Gynecology, Indiana University School of Medicine, Indianapolis. The author wishes to thank Drs. Carl P. Huber, Charles F. Gillespie, and C. O. McCormick, Sr. for their inspiration in the preparation of this paper.



turbidity 15. Dismissed on April 14, 1956, her condition somewhat improved.

Final maternal diagnosis: (1) Pregnancy, uterine delivery, 26 weeks gestation; (2) Late abortion; (3) Abruptio of the placenta; (4) Acquired hypofibrinogenemia; (5) Essential hypertension; (6) Homologous serum jaundice.

**Case 3.** E.W., 33 year old female, para 8, gravida 10, abortion 1. Last menstrual period May 6, 1955. Estimated gestation 39 weeks.

Past obstetrical history: 8 full term normal pregnancies and deliveries at home. In 1941 had a 3 month abortion.

Prenatal course: 3 visits to outlying clinic. Examinations negative except for normal weight of 223 lbs. and a 30 lb. weight gain.

Hospital course: Admitted at 4:30 a.m., February 4, 1956, with chief complaint of generalized lower abdominal pain. No evidence of shock. Heart tones not detected. Uterus moderately firm, no contractions and no bleeding. Most likely diagnosis: partial abruptio of the placenta with fetal death. Suddenly at 6:15 a.m. profuse bleeding began. Blood placed in a dry tube clotted in 20 minutes. Blood pressure 90/60. Sterile vaginal examination done and membranes artificially ruptured. After a labor of 1½ hours the patient was delivered of a 6 lb., 10 oz., stillborn female infant. The placenta delivered spontaneously immediately after delivery of the infant and a large retroplacental hematoma was observed. The patient continued to bleed and it was noted that this blood failed to clot. 500 cc. of whole blood was given before a fibrinogen level could be obtained. This was reported as 165 mgm.%. The patient received a total of 1,500 cc. of fresh whole blood, 4 gms. of fibrinogen, 15 mgm. vitamin K, and 50 mgm. of protamine sulfate. The bleeding was slowly checked and by mid-afternoon on February 4, 1956 had stopped completely.

Urinary output remained poor. On February 7, an expert kidney team advised on the further management of the patient. Despite attempts at careful intake and electrolyte management the blood chemistry became quite disturbed. On February 4, 1956, BUN 26 mgm.%; February 12, BUN 300 mgm.%; K 9.6 mgm.%, intake 1,800 cc., output 1,060 cc. It was elected to transfer the patient to IUMC for hemodialysis. After 3 hours on the artificial kidney, the patient's K was 5.5 and the BUN 178 mgm.%. She became confused and disoriented the morning of February 13. A diagnosis of pulmonary edema was made. At 2 p.m. the patient expired. An autopsy was not granted.

Final maternal diagnosis: (1) Pregnancy, uterine delivery, 39 weeks gestation; (2) Term antepartum death; (3) Total abruptio of the placenta; (4) Acquired hypofibrinogenemia; (5) Acute renal insufficiency, etiology unknown; (6) Pulmonary edema with cardiovascular collapse and death.

**Case 4.** M.A., 35 year old female, para 3, gravida 4. Last menstrual period September 11, 1955. Estimated gestation 34 weeks.

Past obstetrical history: In 1947 patient delivered a term infant that died 2 hours after birth of intracranial hemorrhage. In 1949 and 1952 had normal pregnancies and deliveries.

Prenatal course: 4 normal visits.

Hospital course: On May 12, 1956 patient experienced severe lower abdominal pain and a large amount of vaginal bleeding. Examination revealed the patient to be in clinical shock. Heart tones absent. Abdomen rigid. Impression at this time was abruptio of the placenta. Clot observation test revealed a good clot in 4 minutes. Fibrinogen level was 165 mgm.%. Membranes were artificially ruptured on sterile vaginal examination and 500 cc. of clear fluid released. Blood pressure responded to blood replacement. At 3 p.m. blood fibrinogen was 115 mgm.%. At 4 p.m. the patient again went into shock. Fibrinogen level was 76 mgm.%. Patient responded to vasopressor drip. IV pitocin was given for ½ hour without benefit. Fibrinogen level at 6:30 p.m., 96 mgm.%. At 6:50 p.m. a low cervical Cesarean section was performed. A total of 5 gms. of fibrinogen and 3000 cc. of fresh whole blood were given immediately prior to and during surgery. A Couvelaire uterus was found. A near term, macerated male infant was delivered. The placenta was 80 to 90% abrupted. A hysterectomy was not deemed necessary. No evidence of inability of clot formation was encountered. The patient had an uneventful postoperative course.

Final maternal diagnosis: (1) Pregnancy, uterine delivery, 34 weeks gestation; (2) Premature stillborn; (3) Abruptio of the placenta, severe; (4) Acquired hypofibrinogenemia; (5) Cesarean section.

**Case 5.** D.K., 19 year old female, para 0, gravida 1. Last menstrual period December 7, 1955. Estimated gestation 22 weeks.

Previous pregnancies: None. No prenatal care.

Hospital course: At 7:30 a.m., May 12, 1956, the patient was awakened by cramping, lower abdominal pain. She was admitted to the hospital and examination revealed the fundus to be quite firm; however, after approximately 1 hour it became soft. Fetal heart tones were present and regular. Speculum examination revealed a moderate amount of bright red blood coming from a long uneffaced cervix that was not dilated. Impression at this time was an intra-uterine pregnancy of 22 weeks gestation and mild abruptio of the placenta. As is our practice in patients with a diagnosis of abruptio of the placenta, a routine fibrinogen level was drawn. This was reported as 86 mgm.%. Clot observation test revealed no clot. This was at 11:50 a.m. At 2 p.m. fibrinogen level was 110 mgm.%. Prothrombin time 29%. At 4:10 p.m. clot formation was poor, and the fibrinogen level 96 mgm.%. Prothrombin 43%. At 8 p.m. there was good clot formation in 5 minutes. Prothrombin time 62%. On May 13 and May 14, 1956, normal prothrombin and fibrinogen levels were reported. A bleeding tendency was not noted at any time. On May 16, 1956 the patient was discharged to be followed in prenatal clinic.

Final maternal diagnosis: (1) Intrauterine pregnancy, not delivered. 22 weeks gestation; (2) Antepartum

bleeding, etiology unknown; (3) Transient hypofibrinogenemia; (4) Mild abruption of the placenta.

**Case 6.** A.L., 33 year old female, para 2, gravida 3. Last menstrual period November 24, 1955. Estimated gestation 34 weeks.

Past obstetrical history: 2 normal pregnancies and deliveries.

Prenatal course: Private patient. Fetal heart tone not heard 6 to 7 weeks before admission.

Hospital course: Patient admitted July 15, 1956 in labor with missed abortion of 6 to 7 weeks. Macerated fetus delivered. Fibrinogen level prior to delivery 69 mgm.%. Postpartum hemorrhage occurred. 2 gms. of fibrinogen and 1,500 cc. of fresh whole blood were given to combat the clotting defect and borderline shock. Two hours after delivery fibrinogen level was 194 mgm.%. Postpartum course uneventful.

Final maternal diagnosis: (1) Pregnancy, uterine delivery; (2) Missed abortion, dead fetus in utero, 6-7 weeks duration; (3) Hypofibrinogenemia.

**Case 7.** F.B., a 44 year old female, para 2, gravida 3. Last menstrual period December 1, 1955. Estimated date of confinement September 7, 1956. Estimated gestation 41 weeks.

Past obstetrical history: Negative.

Prenatal course: Slight vaginal bleeding fifth month; spotted 2 days during seventh month. Private patient.

Past history: 7 days following pregnancy 7 years before, patient had an episode of sudden headache followed by 2 episodes of right hemiparesis lasting a few hours.

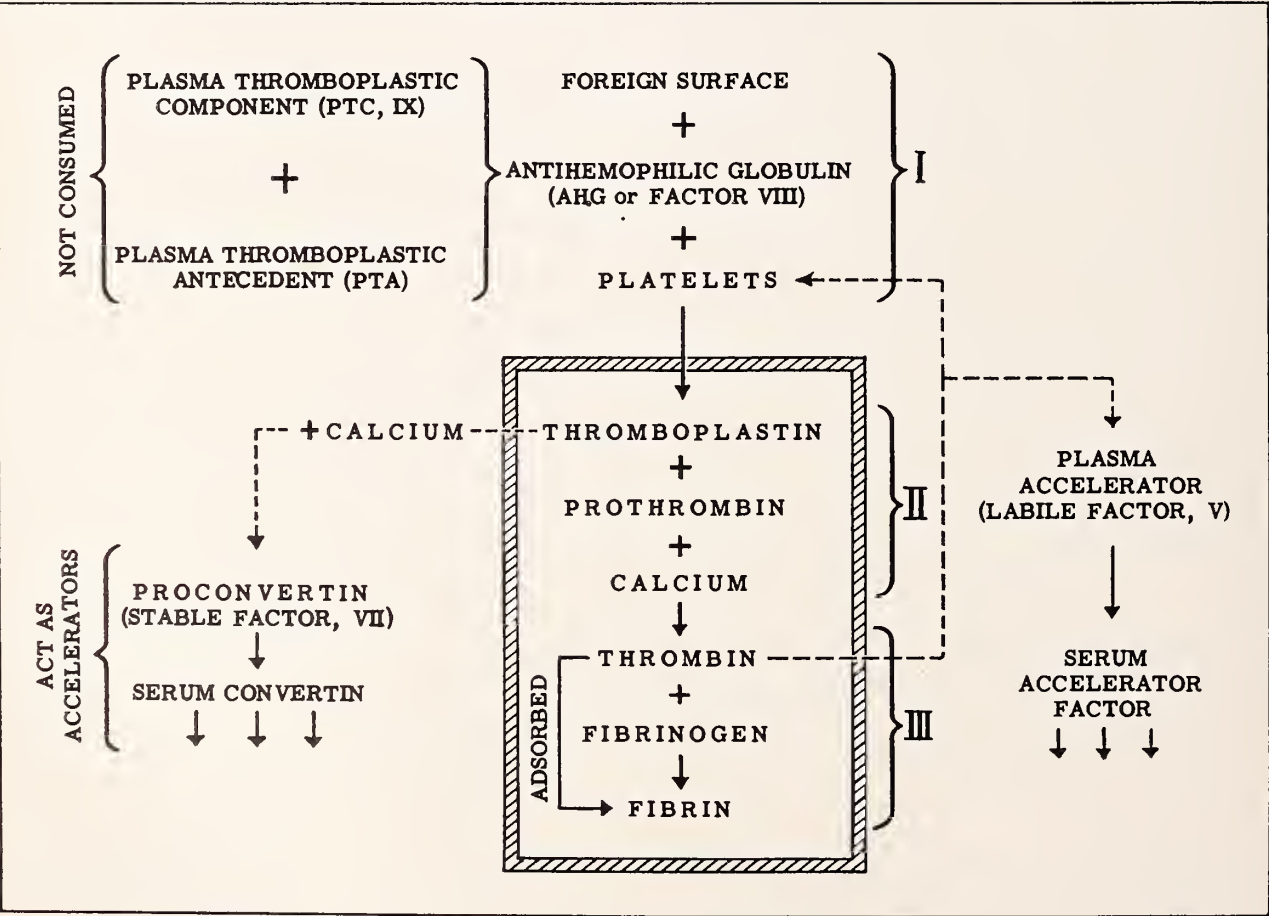
Hospital course: Normal delivery on August 30, 1956 followed by profuse hemorrhage estimated at 1,500 cc. Placenta appeared normal. Fibrinogen level 175 mgm.%. Hematologist consulted. No other abnormal hematological findings. 4 gms. of fibrinogen and 4 units of fresh whole blood given. Fibrinogen level then 637 mgm.%. Bleeding stopped. Uneventful postpartum course except for a transient thrombocytopenia.

Final maternal diagnosis: (1) Pregnancy, uterine delivery; (2) Term living infant; (3) Hypofibrinogenemia.

THE CLOTTING MECHANISM

In order to more intelligently understand the etiology of this blood dyscrasia of pregnancy, a brief review of the clotting mechanism of normal blood might be in order. For simplicity it may be stated that there are four basic reactions involved in clot formation: (1) The interaction of blood platelets with a plasma factor (thromboplastinogen) to form thromboplastin; (2) The interaction of prothrombin, calcium, and thromboplastin to form thrombin; (3) The interaction of fibrinogen and thrombin to form a fibrin clot;

Figure 1. Recent concept of blood coagulation.





(4) In addition certain accelerator factors are necessary for normal clotting. A stable component is present in the serum, and a more labile component in the plasma. These elements are concerned mainly with prothrombin utilization and conversion.

In the conditions to be discussed the defect in clotting is thought to be caused by a depletion of fibrinogen in the circulating blood stream.

### MATERNAL BLOOD PICTURE

Dieckmann<sup>3</sup> gives the following information concerning fibrinogen levels: (1) Normal non-pregnant women—260 mgm.%, range 180 to 350-mgm.%; (2) Normal pregnant women at term—480 mgm.%, range 300 to 700 mgm.%; (3) Eclamptic pregnancy at term—660 mgm.%, range 370 to 950 mgm.%.

Higher levels than normal of prothrombin, proconvertin, and fibrinogen are typically seen during pregnancy. Clotting and bleeding times are normal. The platelet count may be low, normal, or high.

Hypoprothrombinemia, thrombocytopenia, and low proaccelerin concentration have been described in some cases of hypofibrinogenemia. Other than the fibrinogen, however, critical depression has not been observed. Of note is the fact that clotting may proceed normally despite a critical fibrinogen level as shown in case 5.

### HISTORY

It is interesting to note historically the development of the hemorrhagic diatheses of pregnancy. In 1901 DeLee described a nearly fatal case of hemorrhage following delivery of a syphilitic, macerated fetus and a fatal case of hemorrhage associated with abruptio placenta. DeLee concluded, "There are alterations of the blood or blood vessels, of a temporary nature, which prevents its clotting, and thus during labor or operations cause death." In 1936 Diekmann<sup>4</sup> studied a group of patients with abruptio of the placenta and found fibrinogen concentrations below normal in 7 of 11 cases. In 1953 Weiner, Reid and Roby reported 28 patients successfully treated with replacement therapy. Since the latter report many cases of hypofibrinogenemia have been reported in the current literature.

### INCIDENCE

The exact incidence of hypofibrinogenemia is unknown. In our experience the condition oc-

curs about once in every 1,000 deliveries. Cornell Clinics and Mount Sinai at Cleveland report a similar figure.

### CONDITIONS IN WHICH AFIBRINOGENEMIA AND HYPOFIBRINOGENEMIA HAVE BEEN DESCRIBED

Afibrinogenemia and hypofibrinogenemia have been described in the following conditions: abruptio of the placenta,<sup>3, 17, 40</sup> retained dead fetus in utero,<sup>26, 38</sup> amniotic fluid infusion,<sup>6, 24, 29</sup> septic abortion,<sup>2</sup> severe pre-eclampsia,<sup>5</sup> retained placenta,<sup>14</sup> delayed postpartum hemorrhage,<sup>31</sup> surgical trauma,<sup>8</sup> Sheehan's disease, forceps trauma, hydatidiform mole with toxemia, following elective Cesarean section,<sup>13</sup> bacterial infections, bilateral cortical necrosis of the kidney,<sup>15</sup> and generalized Schwartzman phenomenon.<sup>15</sup>

### DEFINITION

An absolute diagnosis of hypofibrinogenemia is made by laboratory examination of the patient's blood. Generally a fibrinogen level below 100 mgm.% is a critical level at which blood will no longer clot and a diagnosis of hypofibrinogenemia is made. The term afibrinogenemia should be reserved for those rare instances in which no fibrinogen can be detected upon laboratory examination of the patient's blood.

### CLINICAL PICTURE

Schneider<sup>32</sup> describes three clinical types of hemorrhagic diathesis of pregnancy: (1) The hyperacute type or fatal acute embolic defibrination exemplified by amniotic fluid infusion. The symptoms are those of fulminating embolization and death. Occasionally a patient may survive long enough to exhibit hemorrhage due to fibrinogen depression; (2) The acute type or acute hemorrhagic and embolic defibrination exemplified by abruptio of the placenta. Characterized by mixed symptomatology; (3) The chronic type or chronic hemorrhagic defibrination exemplified by the dead fetus syndrome. This is characterized by hemorrhage of insidious onset and seldom by embolic symptoms.

### ETIOLOGY IN GENERAL

The exact etiology is unknown; however, there are three chief possibilities: (1) Retardation of fibrinogen production. This seems unlikely since liver function studies are normal;

(2) Destruction of fibrinogen. Increased fibrinolytic activity has been described in a few well documented cases; (3) The most likely explanation is increased utilization of fibrinogen due to intravascular clotting. The mechanism is probably brought about by the escape of placental or decidual thromboplastin into the maternal circulation. This converts prothrombin into thrombin, which in turn converts fibrinogen into fibrin. The latter is deposited over a very large vascular surface. At times serious embolic manifestations may be produced as is theorized in the maternal death presented earlier in this paper. (Case 3)

### **ABRUPTION OF THE PLACENTA WITH HYPOFIBRINOGENEMIA**

In abruption of the placenta that is of significant size a retroplacental hematoma is formed. It is postulated that this hematoma contains thromboplastin. When the hematoma attains an appreciable size there is an escape of thromboplastic material into the maternal circulation brought about by the increased intrauterine pressure. This initiates the sequence of events resulting in defibrination.

With regard to management, Weiner, Reid, and Roby<sup>40</sup> suggest the following: (1) When a diagnosis of abruption of the placenta is made or suspected, the patient should have a clot observation test and a fibrinogen level performed; (2) Clot observation tests should be repeated at least every  $\frac{1}{2}$  hour as long as the patient remains undelivered; (3) When failure of clot formation or clot lysis occurs fibrinogen and whole fresh blood should be administered; (4) Membranes should be ruptured artificially, theoretically to decrease intrauterine pressure and to initiate prompt delivery; (5) When the coagulation mechanism has been stabilized a decision as to the method of delivery (Cesarean or vaginal) should be made on the merits of the individual case. Needless to say, before surgery is considered an attempt to restore the coagulation mechanism to normal should be made. Cesarean section was necessary in our case 4.

### **AMNIOTIC FLUID EMBOLISM WITH HYPOFIBRINOGENEMIA**

Amniotic fluid, after the fetal head becomes impacted against the cervix, has no normal portal of escape during uterine contractions. Amniotic fluid may dissect behind the placenta or find access to a lacerated cervical vein and thus infuse

into the blood stream. Ordinarily this causes death. Reid<sup>28, 29</sup> has pointed out the possibility that sublethal amounts of amniotic fluid may infuse and cause milder clinical manifestations. Instead of death in shock, these patients may survive the initial shock and exhibit the problem of severe postpartum hemorrhage. Because of the low concentration of thromboplastin in amniotic fluid it has been pointed out that some kind of auto extraction may take place. There is rather convincing evidence that fibrinolysis may also play a role in this syndrome.

When recognized and detected the usual management for hypofibrinogenemia is carried out. In non-fatal cases of amniotic fluid infusion before complete dilatation of the cervix, artificial rupture of the membranes is indicated. Whole fresh blood and fibrinogen are needed. Cesarean section in the presence of obstetric shock would be out of the question.

### **PROLONGED INTRAUTERINE RETENTION OF THE DEAD FETUS WITH HYPOFIBRINOGENEMIA**

With autolysis of fetal and placental tissue, high concentrations of thromboplastic material are present in the amniotic fluid. This substance may gain access to the maternal circulation and set off the sequence of events resulting in defibrination and intravascular clotting. The predominant feature of the dead fetus syndrome is the chronicity of the process. Here the fibrinogen depletion occurs slowly while in abruption of the placenta and amniotic fluid infusion the depletion is fulminating. Systemic hemorrhagic symptoms usually precede bleeding from the uterus. Maternal Rh isoimmunization is not thought to be an etiologic factor. Hypofibrinogenemia has not been described earlier than the fifth week following fetal death.

The details of the management of such a patient described here are taken from an article by Pritchard and Ratnoff.<sup>21</sup> (1) Management begins as soon as the diagnosis of dead fetus is made; (2) The patient is instructed to report any hemorrhagic symptoms; (3) Beginning the third week following fetal death, weekly fibrinogen levels should be obtained; (4) If the level is below 150 mgm.%, the uterus should be emptied; (5) The data presented in the above mentioned article indicates that labor and vaginal delivery with or without pitocin is safe; (6) If induction of labor is not indicated or if it



fails, abdominal hysterotomy should be carried out; (7) In cases where induction of labor is successful fibrinogen should be given prior to delivery; (8) Abdominal surgery performed only after intravenous fibrinogen has been administered.

### **HYPOFIBRINOGENEMIA ASSOCIATED WITH ABORTION**

There have been three such cases reported in the literature. All have been complicated fatal ones. These cases emphasize the fact that it is necessary to consider the possibility of a coagulation defect especially in criminal abortions in which severe and generalized bleeding occurs.

### **TOXEMIA OF PREGNANCY AND HYPOFIBRINOGENEMIA**

In recent studies it has been observed that hemorrhagic defects are common in patients with pre-eclampsia and eclampsia. The exact sequence of events is only beginning to be unraveled. Treatment has been unsatisfactory. ACTH was of no benefit in 2 cases reported.

### **DELAYED POSTPARTUM HEMORRHAGE WITH ASSOCIATED HYPOFIBRINOGENEMIA**

Delayed postpartum hemorrhage is most often associated with retained necrotic placental and decidual fragments. Here again is a source of thromboplastic material. While this condition is rare, one should always keep in mind the possibility of a coagulation defect in cases of delayed postpartum bleeding.

### **DETECTION OF HYPOFIBRINOGENEMIA**

Materials needed include a plain Pyrex glass clotting tube and a centrifuge tube containing 0.5 mm. citrate solution. When hypofibrinogenemia is suspected, 15 cc. of blood are drawn. Three cc. are placed in the clean dry tube for the clot observation test. Five cc. are placed in the citrate centrifuge tube for quantitative determination of the fibrinogen level. The remaining blood is used for Hgb, RBC, and T and C.

The clot observation test consists of placing 3 to 5 cc. of blood in a clean dry Pyrex tube and observing the time at which clotting occurs and the character of the clot. Normally the clot is large and resists shaking. When fibrinogen is low, the clot is small, the blood watery, and the initial clot may dissolve or lyse itself.



**Figure 2. Clot observation test.**

(a) Hypofibrinogenemia.

(b) Normal clot—note clot retraction.

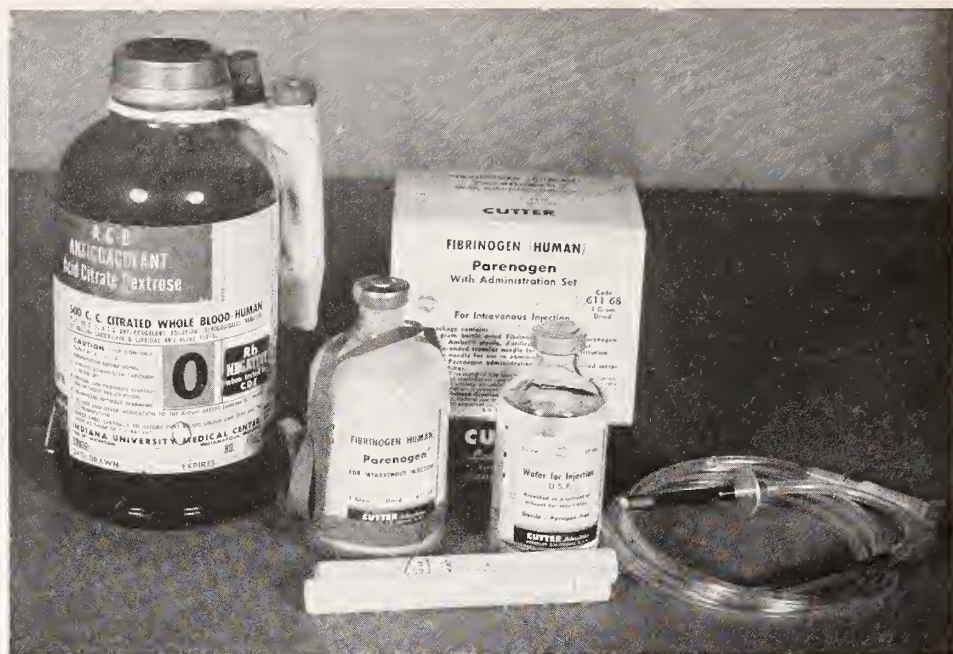
A clot may fail to form at all. The sample should be observed for at least one hour.

The turbidimetric method of fibrinogen assay is the quantitative method in use at the Indianapolis General Hospital. The method was first described in the *American Journal of Clinical Pathology* in March, 1955.<sup>37</sup> A semi-quantitative test for fibrinogen has been developed by the Ortho Laboratories with the trade name of Fibrindex. The test employs the use of human thrombin, and is described in the *American Journal of Obstetrics and Gynecology*, August, 1955.<sup>27</sup>

### **MANAGEMENT OF HYPOFIBRINOGENEMIA**

The following procedures are recommended in the management of hypofibrinogenemia: (1) With the initial venipuncture enough blood should be drawn for detection tests, Hgb, RBC, and T and C; (2) Treat shock if present.

**Figure 3. Specific treatment for hypofibrinogenemia: Fresh whole blood and fibrinogen.**



Bilateral venous cutdowns or a femoral cut-down should be performed; (3) Transfusion with fresh whole blood. Fresh blood is recommended because it contains some of the more labile clotting elements that are decomposed in old blood. Ten cc. of calcium gluconate should be given after every 2,000 cc. of blood to combat excess sodium citrate; (4) Replacement of fibrinogen. A commercial preparation of fibrinogen is produced by the Cutter Laboratory under the trade name Parenogen. Nine grams of fibrinogen should be readily available at every hospital that has an obstetric service. The dried fibrinogen powder is dissolved in the diluent provided and administered intravenously by the drip method. The clot observation test, fibrinogen levels, and clinical observation provide the criteria for the amount of fibrinogen required. The fibrinogen should be administered only when indicated because elimination of the virus of infectious hepatitis has not been entirely successful. This fact was borne out in case 2 presented in this paper; (5) Blood samples should be drawn at least every hour; (6) Hemorrhage and shock, overloaded circulation with heart failure, and renal shutdown are all serious hazards involved. An anchored catheter with hourly urines is imperative. An experienced internist should be available. The laboratory assumes a great responsibility; (7) In cases where the bleeding continues in spite of blood and fibrinogen, it has recently been suggested that intravenous toluidine blue might be used to advantage.

## CONCLUSION

Seven case histories of hypofibrinogenemia have been presented. A review of the clotting mechanism and the maternal blood picture has also been described. Hypofibrinogenemia has been discussed as to history, incidence, conditions in which found, clinical picture, definition, etiology, detection, and management.

Trauma and uterine atony are the common causes of postpartum hemorrhage. Consideration of a coagulation defect should be sought for only after these important entities have been ruled out.

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# The Use of L-Glutavite in Geriatrics: A Preliminary Report of 17 Cases

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**I**MPAIRMENT OF CEREBRAL function constitutes one of the most difficult problems encountered in the care of the aged. This condition often necessitates institutionalization of many aged patients whose physical condition would otherwise permit them to remain at home. Although the predisposing factors in cerebral insufficiency often do not differ markedly from those in other degenerative disorders of old age, the behavior problems and social maladjustments which develop when brain function is disturbed, complicate care both at home and in the hospital to an ever increasing degree. Several therapeutic approaches have been attempted in the effort to prevent or delay cerebral degenerative processes. This paper discusses the promising results obtained by providing optimum amounts of a combination of nutrients\*\* which specifically meet the need of cerebral metabolic processes.

Geriatric patients are particularly apt to benefit from such therapy because of the frequent combination of two types of nutritional deficiency—local and general. Circulatory impairment, such as occurs with arteriosclerosis, may interfere with the local supply of essential metabolites. For example, cerebral arteriosclerosis is frequently encountered in aged patients with nervous or mental disorders. The destruction of cerebral cellular tissue found in such cases may be caused directly by the failure of adequate blood supply, or by metabolic failure secondary to deficient supply of essential nutrients and oxygen.<sup>5</sup> The “local malnutrition” of areas sup-

plied by narrowed vessels may be intensified in the aged by a state of chronic systemic malnutrition. One often finds that elderly people restrict their food to a few favorite items, because of dietary idiosyncrasies. Since the foods excluded are often those of high value, nutritional deficiencies are frequently observed in this age group. In addition, reduced gastric intestinal secretions may interfere with absorption of essential nutrients, thereby depressing still further the supply of metabolites which are available to body tissues.

Attempts have been made, with varying degrees of success, to stimulate cerebral function by administering specific single nutrients. Of the amino acids, glutamic acid is the only one which has been found to be utilized directly by cerebral tissue. Weil-Malherbe<sup>14</sup> first observed that glutamic acid maintains the respiration of brain cells, fulfilling a vital function in connection with carbohydrate metabolism. It is essential in the aerobic utilization of glucose through its contribution of alpha-ketoglutaric acid to the Krebs cycle of glycolysis. It has been further demonstrated that glutamic acid participates in the enzyme system in acetylcholine synthesis, and as a donor or acceptor of amino groups according to the availability of free ammonia.<sup>8, 9, 13, 15</sup> Thus, glutamic acid is seen to play an important role in several of the metabolic reactions in the brain. The form in which this amino acid is administered, however, apparently influences the results obtained. Himwich has reviewed the literature on this subject, and has concluded that the majority of favorable reports deal with administration of either the sodium glutamate or the hydrochloride form.<sup>7</sup>

Himwich, at the Galesburg State Hospital, has made interesting clinical trials in a fairly large group of geriatric patients.<sup>6</sup> The pretreat-

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\*\* L-Glutavite—supplied by Gray Pharmaceutical Co. of Newton, Massachusetts.



ment complaints in his series of study were apathy, weakness, fatigability and lack of interest in their surroundings. Daily administration of 15 Gm. of monosodium L-glutamate was carried over a period of 12 weeks. He used this salt of glutamic acid because it produces demonstrably better absorption and resultant higher glutamic acid levels. The most consistent result of this study was a notable increase in spontaneous activity, restoration of interest in resuming normal life, and improvement in emotional level. He found that nearly half of his total group under study gradually acquired a cheerful and optimistic mood, and also, that in cases of senile mental deterioration, improvement in mentation, activity, social adjustment and insight were observed in 18 out of 28 cases studied.

There have been several additional clinical studies which demonstrate effects of glutamic acid on cerebral metabolism. Its stimulating effects were noted by Mayer-Gross and Walker who found that patients in insulin shock could be aroused rapidly on intravenous administration of glutamic acid.<sup>12</sup> Zimmerman and Burge-meister reported an acceleration of mental development in children following a period of glutamic acid administration.<sup>16</sup> They found the children under study could reach their peak potential within a year of the medication. While these results spoke well for the usefulness of glutamic acid in the management of mental retardation, the physicians failed to realize the goal of elevating any substantial percentage of these congenitally defective patients to normal. Ewalt and Bruce administered glutamic acid to 42 schizophrenic patients with temporary improvement in some, and prolonged improvement in others.<sup>4</sup> The beneficial effects reported included increase in motor activity—particularly in those whose symptoms were characterized by apathy, complaints of weakness, fatigability, and lack of interest in their surroundings.

Thus, there is evidence of the need for adequate supplies of glutamic acid for normal cerebral physiology. When there is an insufficient amount of glutamic acid, whether as a result of dietary lack, failure of absorption, or impairment of cerebral circulation—this would inevitably affect adversely the cerebral tissue metabolism. In other words, cerebral dysfunction would result if the supply of glutamic acid were inadequate.

The B vitamins also participate in cerebral

metabolism. Thiamine contributes to the Krebs cycle by mediating the metabolism of alpha-ketoglutaric acid. Riboflavin and niacin function as respiratory enzymes. That niacin deficiency can produce severe damage to the nervous system is well illustrated in cases of pellagra. Of greater significance, however, are reports that administration of niacin improves cerebral function. Aring and his coworkers observed that the temporary augmentation of intracranial blood flow following intravenous administration of nicotinic acid induced improvement in behavior, even in patients without overt niacin deficiency.<sup>1, 2</sup> Levy reports that orally administered nicotinic acid produces beneficial effects in senile and pre-senile psychoses.<sup>11</sup> Lehman has reviewed the literature dealing with the use of niacin in psychotic conditions.<sup>10</sup> He concludes that niacin often produces striking therapeutic benefits in psychotic states characterized by stupor, lethargy, coma or confusion—which he terms symptoms of “total cerebral decompensation.”

The hidden nutritional deficiencies, which are so common in elderly people, produce a cerebral symptom-complex including weakness, fatigue, apathy, depression, anorexia, vertigo, etc. Since the deficiencies causing these symptoms are usually multiple, it is advisable to use in combination those nutrients which have been described as being effective in cerebral metabolism. Such a formulation is provided in the form of L-Glutavite which contains monosodium L-glutamate 3.48 Gm., niacin 45 mg., ascorbic acid 30 mg., thiamine mononitrate 0.6 mg., riboflavin 0.8 mg., ferrous sulfate 11 mg., and dicalcium phosphate 910 mg. That this formulation is effective has been demonstrated by Barrabee and his coworkers,<sup>3</sup> who recently reported results obtained on use of L-Glutavite daily by aged female psychotic patients diagnosed as having cerebral arteriosclerosis or senile psychosis. The groups tested were assessed by the ward personnel on the basis of a social adjustment scale, including the areas of self-care, cooperation, productivity, and sociability, prior to and after the period of medication. Their mental status was evaluated by the physician in charge, to determine changes in intellectual functions, thought content, mood and affect. After a three month period, the group of patients on L-Glutavite showed significantly greater improvement in mental and social behavior, compared with similar groups under like conditions, treated with an

analeptic, or with a vitamin preparation not containing monosodium L-glutamate. The most outstanding improvements were in the areas of sociability, productivity and thought content, with less striking changes observed in self-care, cooperation, affect and mood.

MATERIAL OF STUDY AND DATA

Seventeen cases were selected for study at the Medical Center of the Weston State Hospital. Their ages ranged from 52 to 90, with sex distribution about equally divided. All of the patients in this group had generalized arteriosclerosis. Twelve were diagnosed as having senile brain disease, of whom 10 had psychotic reactions. Of the 3 patients who were diagnosed as having cerebral arteriosclerosis, 2 had psychotic reactions. The remaining 2 suffered from psychoneurosis with anxiety reactions. After noting their physical and mental conditions, three packets of L-Glutavite were administered daily, for a period of 2 months from November 3, 1955 to January 3, 1956, after which their status was re-evaluated.

RESULTS

Table I summarizes the case reports, with description of the mental and physical conditions observed before and after the 2 month period of L-Glutavite administration. There was moderate to marked improvement in 15 of the 17 cases. Thirteen of these showed improvement in both physical and mental states, while 2 showed only

physical improvement. Of the 2 who showed no change, one had senile brain disease with severe psychiatric disturbances, and the other was a 90 year old patient who suffered a cerebral hemorrhage during the period of treatment, and thus could not be evaluated. See Table II and III.

The effects of L-Glutavite on the mental conditions observed in this group of patients are tabulated in Table IV. Among the most striking psychiatric findings is the improvement observed in patients who were disoriented, confused, or clouded. Of the 15 patients so afflicted, 13 showed significant improvement. Eight of the 11 patients with delusions and hallucinations showed improvement. Emotional stability was improved in over half the cases who were unstable at the outset of the experiment. Improvement of memory was not observed. In the 2 cases of psychoneurosis with anxiety syndromes, although there was physical improvement, neither tenseness nor anxiety improved noticeably.

The physical changes were also impressive. Thirteen of the patients appeared healthier, or less emaciated. Significant decreases in complaints of weakness were noted in 9 cases, of fatigability in 8, and of feelings of illness in 1. Increased activity was noted in 6 cases, and marked improvement in appetite in 2.

DISCUSSION

As can be seen from the tables attached and the figures shown above, the effect of L-Glutavite in geriatrics has certainly been gratifying.

Name	Age	Diagnosis	Condition Before L-Glutavite	Condition 2 Months After L-Glutavite 1 Packet T.I.D. (11/3/55-1/3/56)	Result
M. D.	62	Psychoneurosis, anxiety reaction.	Physically—emaciated. B. W. 93 lbs. General arteriosclerosis and old coronary condition. B. P. 130/80. Psychiatrically—oriented and mentally clear, signs of anxiety and tenseness are pronounced. Memory—intact.	Physically—improved. B. W. 97 lbs. Much healthier and fatter looking with no sign of weakness and fatigability. Psychiatrically—oriented and mentally clearer. Signs of anxiety and tenseness remain unchanged.	Physically markedly improved. Mentally essentially unchanged.
F. O.	71	CBS* associated with senile brain disease with psychotic reaction.	Physically—fair. B. W. 160 lbs. General arteriosclerosis marked. B. P. 160/90. Diabetes mellitus present. Psychiatrically—disoriented, confused, clouded. Emotionally rather unstable. Delusional and hallucinatory in auditory sphere. Memory—impaired.	Physically—much improved, constant complaint of hunger feeling. B. W. 180 lbs. Diabetic condition controlled with the same units of insulin. Psychiatrically—less disoriented, and confused, no cloudiness. Delusions and hallucinations disappeared.	Physically and mentally markedly improved.

\* Chronic brain syndrome.



Name	Age	Diagnosis	Condition Before L-Glutavite	Condition 2 Months After L-Glutavite 1 Packet T.I.D. (11/3/55-1/3/56)	Result
E. H.	66	CBS associated with cerebral arteriosclerosis with psychotic reaction.	Physically—markedly emaciated. B. W. 120 lbs. General arteriosclerosis marked. B. P. 100/60. Psychiatrically—partially disoriented, confused. Emotionally very unstable. Delusional and hallucinatory in auditory sphere. Memory—impaired.	Physically—very much improved. B. W. 128 lbs. Healthy and fatter looking with no sign of weakness and sick complaints. Psychiatrically—oriented correctly with no sign of confusion. Emotionally stable. Delusions and hallucinations disappeared.	Both physically and mentally markedly improved.
I. T.	67	CBS associated with cerebral arteriosclerosis.	Physically—emaciated. B. W. 103 lbs. General arteriosclerosis and arteriosclerotic heart disease. Psychiatrically—somewhat disoriented and confused. Mental blocking noted. Psychomotor activity retarded. Memory—impaired.	Physically—much improved with considerable gain of body weight. B. W. 118. General weakness and fatigability disappeared. Psychiatrically—well oriented and less confused. Mental blocking somewhat removed and thinking process quickened.	Both physically and mentally markedly improved.
E. D.	52	Psychoneurosis, anxiety reaction accompanied with alcoholism.	Physically—fair. B. W. 145. Essential hypertension. B. P. 168/100. Hypochromic anemia and varicose veins. Psychiatrically well oriented and coherent. Signs of tenseness and anxiety pronounced. Memory—intact.	Physically—improved. B. W. 148 lbs. Sense of well being and no sign of fatigability. Less anemic and much healthier looking. Psychiatrically—clear and coherent. Signs of tension and anxiety still present.	Physically markedly improved. Mentally unchanged.
W. M.	90	CBS associated with senile brain disease with psychotic reaction.	Physically—emaciated. B. W. 116 lbs. General arteriosclerotic heart disease. Basal pneumonitis of left lung. Secondary anemia of hypochromic type. Psychiatrically—confused, disoriented, clouded, uncommunicative. Memory—markedly impaired.	Physically remains emaciated. B. W. 98 lbs. Patient has a downhill course as a result of cerebral hemorrhage. Psychiatrically—remains confused, clouded and semi-conscious.	Both physically and mentally unimproved. Patient has become critical because of development of complications of cerebral hemorrhage.
F. D.	88	CBS associated with senile brain disease.	Physically—fair. B. W. 156 lbs. General arteriosclerosis and hypochromic anemia. B. P. 130/60. Psychiatrically—partially disoriented and confused. Emotionally not unstable. Delusional and hallucinatory material rather fleeting. Memory—impaired.	Physically—somewhat improved. B. W. 158 lbs. Much more alert and more active physically. Psychiatrically—less confused and better oriented. Emotionally more stable. Delusions and hallucinations fading.	Both physically and mentally moderately improved.
O. S.	83	CBS associated with senile brain disease with psychotic reaction.	Physically—emaciated. B. W. 115 lbs. General arteriosclerosis. B. P. 150/80. Psychiatrically disoriented, confused, clouded, unresponsive. Memory—markedly impaired.	Physically—very much improved. B. W. 118 lbs. Signs of emaciation and weakness disappeared. Psychiatrically—less confused and clouded. Better contact with surroundings.	Both physically and mentally markedly improved.

Name	Age	Diagnosis	Condition Before L-Glutavite	Condition 2 Months After L-Glutavite 1 Packet T.I.D. (11/3/55-1/3/56)	Result
A. B.	88	CBS associated with senile brain disease with psychotic reaction.	Physically—emaciated. B. W. 114. Hypochromic anemia present. General arteriosclerosis and arteriosclerotic heart disease markedly present. B. P. 140/80. Psychiatrically—markedly disoriented, confused, clouded. Emotionally unstable and hallucinatory. Memory—markedly impaired.	Physically—much improved. B. W. 130 lbs. Much healthier looking and fatter. Can get up and move around by himself with no sign of fatigability. Psychiatrically—less confused and in better humor. More communicative and emotionally much more stable.	Both physically and mentally markedly improved.
S. G.	88	CBS associated with senile brain disease with psychotic reaction.	Physically—emaciated. B. W. 95 lbs. General arteriosclerosis, hypertensive and arteriosclerotic H.D. B.P. 174/94. Psychiatrically disoriented, confused, clouded, emotionally unstable, delusional—thought to be elected as U. S. President. Hallucinating—auditory. Memory—markedly impaired.	Physically improved. B. W. 101 lbs. Healthier looking with better appetite and physical strength. Psychiatrically—still disoriented, confused, clouded—but of less degree. Delusion—somewhat disappearing. Memory—still impaired.	Both physically and mentally markedly improved.
A. S.	90	CBS associated with senile brain disease.	Physically—anemic and emaciated. B. W. 115 lbs. General arteriosclerosis. B. P. 120/70. Psychiatrically disoriented, confused, clouded, blocked and retarded. Memory—markedly impaired.	Physically—less anemic and emaciated. B. W. 117 lbs. Much more active and healthier looking. Physical strength greater. Psychiatrically—still disoriented, clouded, confused but definitely of less degree. Memory—still impaired.	Both physically and mentally moderately improved.
N. C.	77	CBS associated with senile brain disease with psychotic reaction.	Physically—emaciated. B. W. 113 lbs. General arteriosclerosis, arteriosclerotic heart disease with E.K.G. evidence of myocardial damage. B. P. 170/90. Diabetes mellitus present. Psychiatrically confused, disoriented, clouded. Auditory hallucinations present. Memory—markedly impaired.	Physically—less emaciated. B. W. 115 lbs. More alert and active with no sign of physical fatigability. Diabetic condition remains controlled. Psychiatrically, more oriented and less confused. Hallucinations seemingly disappeared. Memory—still impaired.	Both physically and mentally moderately improved.
F. O.	71	CBS associated with senile brain disease with psychotic reaction.	Physically—general arteriosclerosis. Diabetes mellitus. B. W. 156 lbs. B. P. 160/90. Psychiatrically—disoriented, confused, clouded, delusional, hallucinating in auditory sphere. Memory—markedly impaired.	Physically—apparently stronger. B. W. 160 lbs. More active and alert and no sign of physical weakness. Psychiatrically—much better oriented and less confused. Delusions and hallucinations disappearing.	Both physically and mentally markedly improved.
A. K.	69	CBS associated with senile brain disease with psychotic reaction.	Physically—underweight. B. W. 124 lbs. General arteriosclerosis. B. P. 134/60. Psychiatrically—disoriented, confused, cloudy, delusional and hallucinatory. Memory—impaired.	Physically—somewhat improved. B. W. 125 lbs. Some increase of physical activity without evidence of fatigability. Psychiatrically—somewhat less disoriented and confused.	Both physically and mentally moderately improved.



Name	Age	Diagnosis	Condition Before L-Glutavite	Condition 2 Months After L-Glutavite 1 Packet T.I.D. (11/3/55-1/3/56)	Result
K. W.	70	CBS associated with cerebral arteriosclerosis with psychotic reaction.	Physically—emaciated. B. W. 78 lbs. General arteriosclerosis. B. P. 140/80. Psychiatrically—disoriented, confused, clouded, emotionally unstable, markedly hallucinatory in auditory sphere. Memory—impaired.	Physically—much improved. B. W. 97½ lbs. Weakness and fatigability disappeared. Physical activity much increased. Psychiatrically—partially oriented and less confused. Emotionally stable. Auditory hallucinations fading.	Both physically and mentally markedly improved.
C. W.	80	CBS associated with senile brain disease with psychotic reaction.	Physically—emaciated, anemic. B. W. 108 lbs. General arteriosclerosis marked and nephrosclerosis. B. P. 125/90. Psychiatrically—disoriented, confused, clouded, emotionally very unstable, delusional and marked hallucinations. Memory—markedly impaired.	Physically—remains emaciated. B. W. 101 lbs. Physical condition remains unchanged essentially. Psychiatrically—still quite disoriented, confused, clouded and emotionally unstable. Delusions and hallucinations still present.	Both physically and mentally unimproved.
J. R.	71	CBS associated with senile brain disease with psychotic reaction.	Physically—emaciated. B. W. 162 lbs. General arteriosclerosis. B. P. 135/95. Psychiatrically—disoriented, confused, clouded, delusional and hallucinatory.	Physically—improved remarkably. B. W. 165 lbs. with no sign of weakness or fatigability. Psychiatrically—much less confused and partially oriented. Delusions and hallucinations disappearing.	Both physically and mentally improved.

TABLE II

	Total No. of Cases	Marked Im- prove- ment (Physical and Mental)	Mod- erate Im- prove- ment	Phys- ical Im- prove- ment Only	Un- changed
SBD°	2	1	1	--	--
SBD—with Psych. React.	10	6	2	--	2
CAS°°	1	1	--	--	--
CAS—with Psych. React.	2	2	--	--	--
Psychoneurosis	2	--	--	2	--
TOTAL	17	10	3	2	2

° SBD—Senile Brain Disease  
°°CAS—Cerebral Arteriosclerosis

TABLE III

Total Cases Studied	17
Marked Improvement	11 or 64.7%
Moderate Improvement	4 or 23.5%
Unimproved	1 or 5.8%
Unevaluated	1 or 5.8%

TABLE IV

Analysis of Effects of L-Glutavite on Psychiatric States

	No Change	Incidence	Improved	Noted
Disorientation	15	13	2	
Mental clouding and confusion	15	13	2	
Impaired memory	13	0	13	
Emotional instability	7	4	3	
Delusions and hallucinations	11	8	3	
Mental blocking and psychomotor impairment	2	1	1	
Anxiety and tenseness	2	0	2	

The combined figures of both marked and moderate improvements have been as high as 88.2% in our series of study, which apparently reflects the usefulness of L-Glutavite in the field of geriatrics. Of necessity, the criteria used in grading the improvements noted are somewhat arbitrary. The increase of body weight, the improvement in sense of well being, and the gaining of strength and appetite guide one in evaluating the relative degree of physical im-

provement. The degree of mental activity, and responsiveness, as well as the degree of clearing of the sensorium, provide the guide lines for evaluating mental improvement.

The significant improvements in state of mind and body produced by L-Glutavite even in this relatively short term study with patients who have marked cerebral involvement, justify further application of this new therapeutic approach in the treatment of geriatric patients. This new tool apparently can assist in forestalling the cerebral decline of old age, thereby meeting a major need in a society in which life expectancy has been increased for so many. It raises the question whether such specific nutritional supplementation, if provided before neuronal destruction has progressed very far, would not lengthen appreciably the productive years.

This medication, which is palatable and easy to administer, is readily accepted even by mentally ill elderly people. Each packet of L-Glutavite can be mixed into any kind of food as seasoning powder, or put into milk or any juice without the patient's having any knowledge of its presence. The writer has not seen a single patient who refused to take this form of medication. Although glutamic acid is provided as a sodium salt, the writer has so far failed to notice any sign of sodium retention in cardiacs.

## SUMMARY AND CONCLUSION

1. Seventeen geriatric cases were treated with L-Glutavite for a period of 2 months with gratifying results—both physically and mentally.
2. The palatability and ease of administration among aged people is an important advantage of this therapeutic dietary supplement.
3. The favorable findings, without adverse side effects, warrant further study.

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# The Journal

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## MEDICARE

EXPERIENCE WITH MEDICARE now covers a little more than six months. Summary of the facts and figures at the close of business on June 30 indicates that the volume has been considerably larger than was expected, that the program is progressing smoothly, and that the Indiana plan of submitting usual and normal fees has proved highly successful.

Medicare was initiated on December 7, 1956. At that time there was no previous program to indicate how many claims could be expected. There also was no data to indicate what proportion of the dependents in Indiana would be eligible for care by private physicians. The fact that in some cases families of servicemen had been cared for previously without charge or for only nominal fees made it difficult to anticipate how many dependents would rely on the plan.

It was estimated originally that 300 cases would be processed during the first 12 months. Actually 1,800 cases were cleared by the committee in the first six months, and there were approximately 1,378 claims paid by June 30.

A breakdown of the 1,378 paid claims reveals how much the Medicare plan has contributed to the health and welfare of the servicemen's families. In the half year there have been 577 deliveries, 499 emergency surgical cases, 28 appendectomies and 89 tonsillectomies.

The main difficulty, that of completing the claim forms in a satisfactory manner, has been due to unfamiliarity with the rather complicated governmental claims. The staff of Association Headquarters has been enlarged to enable the office to assist the doctors in completing the paper work so that the vouchers are valid and will allow payment to the doctor and reimbursement by the Department of Defense.

The original contract was renegotiated on July 1, with a continuation of the fee system which was originally unique with the state of Indiana. Due to the fact that the State Association assumed the duty of reviewing the claims and authenticating them for payment, it was found after several months of operation that the headquarters office could also assume the duties

of Fiscal Agent with a very small addition to the work load. Accordingly the new contract has assigned the State Association as Fiscal Agent for Medicare, with the provision that the government will reimburse the association for actual office expense involved.

Indiana was the only state which started the program with a "normal and usual" fee basis. This was done because fees vary considerably in various parts of the state, and it was thought that local fee customs would be upset less or not at all if the doctors were asked to submit their usual statements. All other states entered the plan with set fee schedules.

Experience with the plan has proven that ours was a wise arrangement. Claims submitted by Indiana physicians have varied over a considerable range, and with a few exceptions the fees have averages at a level which is considered by the government to be reasonable and proper.

The plan has been so successful that the state of Florida has already adopted it, and there are other states where the plan is under consideration. The "Indiana Plan" was the subject of a commendatory resolution which was adopted by the House of Delegates of the A.M.A. at the New York meeting.

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## HAZARDS OF INFANCY

**M**EDICAL PROGRESS has made possible a tremendous improvement in infant mortality. Forty years ago 100 deaths could be expected in 1,000 live births. Today this rate has decreased by 75 per cent to 26.1.

It has been said that the first year of life is the most dangerous year. This is equally true of the first week of life and also true of the first day. With the decrease in infant mortality during the past 40 years the danger inherent in the first week has become relatively more pronounced because most of the improvement in the first year has occurred in the subsequent 51 weeks.

Mortality rates for the first week have fallen sharply, but still not so fast as has the rate for the remainder of the year. The death rate during the first week is now one-half what it was in 1916, whereas the hazards of the remaining 51 weeks of the year are now only one-seventh.

This is evidently because the causes of death in early neonatal life are largely different from those of later infancy. The early neonatal causes have not been as amenable to medical advances as those of the later weeks and months.

It is the understanding and control of infectious and parasitic diseases which has been so effective. While this control has had some effect on the first week rates, there is a whole group

of special causes of death peculiar to the initial week of life, which have been fairly resistant to control, and are, in many cases, unknown.

This is the field where more knowledge is needed. Research into the causes of death immediately after birth will achieve another remarkable decrease in infant mortality.

In New York City in recent years more than half of the causes of death in neonatal cases were specified as unknown or ill-defined. In the early mortality in the country as a whole in 1953 and 1954, one-third of the causes were given as "immaturity, unqualified". In addition in nearly another third, immaturity was associated with other conditions.

Among the known causes, diseases of the cord and placenta and postnatal asphyxia are concerned in a large proportion of deaths.

In the study of this problem as presented in the March, 1957 issue of *Progress in Health Studies*, it is evident that not all segments of the population are taking full advantage of all the medical knowledge that is available.

What is needed is more knowledge of the unknown and unconquered morbid conditions of the first week of life, and more use of the knowledge which we already have. Both of these goals may be reached more quickly if aided by public support.



# The President's Page

## ST. LUKE, THE BELOVED PHYSICIAN.\*

to whom is dedicated this General Practice number of THE JOURNAL.

IN SCANNING THE LIST of ancients who were versed in the healing arts, one's attention inevitably is arrested by the broad learning, compassion, and withal the breadth of vision and scope of attainments of St. Luke as he went about his task of ministering to the sick and afflicted of Galilee. Probably a native of Syria, his slant of writing was toward the Gentile or Greek world.

Luke wrote two books of the New Testament,—the gospel bearing his name and the book of the Acts of the Apostles, but modestly does not give his own name in either of these. The beautiful language and clarity of expression of these two books of the Bible show an erudition and literary style unusual for his or any time. He is recognized in most books of his day which have come down to us both as a healer and a painter. It must be a great satisfaction to the entrants at the A.M.A. art exhibit each year to find that even back in those times, these professions and avocations sometimes went together. It is safe to assume that his learning and professional attainments in medicine were on a par with his literary and artistic proclivities.

Luke's account of the nativity and infancy of Jesus is the best obtainable, and in a way reflects a medical man's special interest and attention. Similarly, his accounts of various infirmities and their cure at times border on the professional touch or approach.

Paul speaks of Luke, "the beloved physician", being with him (Colossians iv, 14), and it is quite likely that he accompanied Paul on several of his missionary journeys. It occurred to me that Paul's manner of speaking of him as "the beloved physician" might serve as an epitaph for which almost any of us would be grateful, and deem it great honor and credit, indeed. Does not this simple appellation tell us more about his work, character and attainments than perhaps several pages of encomiums?

Along with Abou Ben Adhem, Luke truthfully might have said,—“Write me as one who loves his fellow men.”

*Elton R. Clance, m.d.*

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\* Note: This article on Luke was inspired by the address of the Rev. Harry P. Walrond of Kokomo at the funeral of our late colleague, Dr. Bruce D. Lung,—a general practitioner, whom many of us felt deserved the title of "the beloved physician." E.R.C.

## CONSERVATION OF VISION

# Glaucoma and Its Treatment

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THE Committee on Conservation of Vision desires to place before other physicians of Indiana some of the salient features of the disease glaucoma and its treatment in order to promote early diagnosis and proper treatment. Later we plan to inform the general public of the dangers of the disease.

Now that syphilis is controllable, glaucoma is the only disease which, if untreated, has the eventual prognosis of complete irrecoverable blindness. Blindness can be materially reduced in this country if the medical profession and the public is alerted to glaucoma's early symptoms. At present, one out of every 50 Americans over 40 years of age will some day lose some or all of his or her sight to this disease because of lack of proper information, most of them not realizing that they face blindness. One out of every eight blind people is a victim of this disease. Most of them could have had their progressive loss arrested by earlier diagnosis and treatment.

Glaucoma does NOT mean cancer; it receives its name somehow from an old Greek idiom meaning "becoming green". It is not "catching." It does "run in families", although sex-linkage formulas have not been determined. It occurs in many individuals where no familial glaucoma has been observed. It is not caused or made worse by the use of the eyes. Reading, sewing and writing are not harmful, indeed may be even beneficial in this disease.

Basically, glaucoma occurs as a result of the improper drainage of the aqueous humor which

is produced by the ciliary processes and normally circulates through the pupil into the anterior chamber and makes an exit through the filtration angle into the canal of Schlemm. As long as the inflow and outflow of aqueous can be maintained in equal amounts, the intraocular pressure remains normal. There are four types of glaucoma:

I. The rather rare *congenital type*. Usually these infants' eyeballs are larger than average but may not be. Poor vision is usually noticeable quite early in these cases, and early consultation is essential.

II. The *secondary type* of glaucoma occurs at any age for a wide variety of reasons. After injuries the crystalline lens may become dislocated, pushing forward the iris and causing the complication. After injuries the iris may be caught in the wound and cause a complicating glaucoma. From contusive injuries there may be a breaking of small blood vessels of the iris and the anterior chamber may become partly full or completely full of blood, which may in a few hours be the cause of glaucoma; for this reason traumatic cases should always be seen early in consultation. In the later stages of diabetes the eye may become glaucomatous with the development of multiple capillaries on the face of the iris. A cataract once mature may swell and cause secondary glaucoma; therefore any eye that is painful and has a gray pupil should be given serious consideration. In cases of matured cataracts, this complication often arises, and this is one good reason the ophthalmologist often operates a mature cataract even when the other eye is normal. Any case of occlusion of any vein

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\* The Committee on Conservation of Vision of the Indiana State Medical Association. Members of the committee collaborated in preparation of this article.



of the retina with striate hemorrhages may become glaucomatous and quite painful up to 7 or 8 months after the vessel occlusion. Many of these patients with thrombosis present themselves to the oculist early, and when the hemorrhages are found, are put on pilocarpine drops one or more times a day; this helps to prevent secondary glaucoma if the drops are used long enough. Most of the secondary glaucoma in post-thrombosis cases occurs in those patients who have not had miotics. During the course of an acute iritis the disease may begin. Another type of secondary glaucoma is one which develops in chronic recurrent plastic iritis in which the pupil has not been freed from the crystalline lens by sufficiently strong cycloplegics or because cycloplegic treatment was not continued long enough in each attack, so that each succeeding attack resulted in accumulating adhesions to the lens, with inactivation of the pupil and mechanical block of the flow of aqueous humor into the anterior chamber with a resulting secondary glaucoma of the so-called iris-bombe type. Miotics have no place in this type of case. Surgery is necessary to relieve this mechanical glaucoma, but often poor vision is permanent because of adhesions at the pupil edge. Other inflammatory conditions of the uveal tract may cause secondary glaucoma. Intraocular tumors such as gliomas in childhood or primary melanomas or metastatic tumors in later years, cause the disease and necessitate the removal of such eyes. Indeed when one eye only becomes glaucomatous at any age, intraocular tumor or past thrombosis of retinal vein should be prime suspect.

III. The *acute primary type* of glaucoma strikes suddenly, in one or both eyes usually after the age of 40, inflicting cloudy vision, with or without severe pain in or around the eye. The loss of vision may be complete or almost complete within a day or two. It is imperative in many of the cases that an operation be done at the earliest possible moment. If delayed the patient may be permanently completely or partially blind in the involved eye; whereas if operation is early, complete restoration of good sight is possible. A similar episode may be expected in the second eye at some later date and can be prevented by proper treatment.

Most of the secondary glaucomas and the acute primary type are painful in the early or

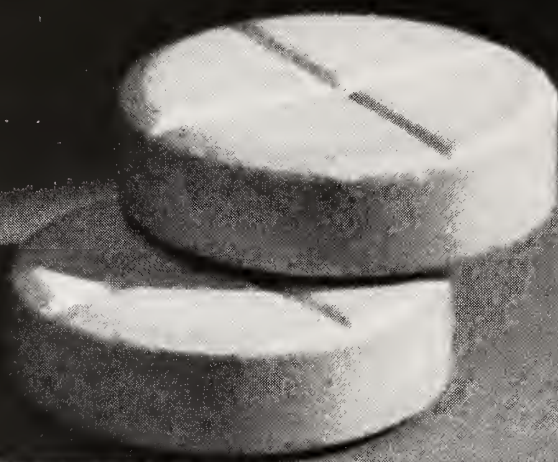
later stages of the disease. In these secondary types and in the acute primary type there is also apt to be circumciliary injection (a ring of injection next to the corneal limbus) and a dilated pupil, and a clouded cornea. Any of these features may, however, be absent. In an untreated iritis, the pupil is usually normal or smaller than normal in size, never larger than normal; in contradistinction an eye with very much intraocular pressure is apt to have a pupil larger than normal. Therefore always suspect glaucoma in a painful eye with a larger than normal pupil. The acute primary type is sometimes called acute congestive glaucoma, because the rise in tension and symptoms is relatively rapid. This type may have exacerbations and remissions, and become chronic congestive glaucoma.

IV. *Chronic Non-congestive Glaucoma.* This disease receives its name because once begun it is present the rest of one's life, and because it does not have the acuteness, the painfulness, the inflammatory appearance, or the more sudden or intense depression of vision as do the other types of glaucoma, at least in the early phases of the disease. This is the type of glaucoma which is always bilateral, although in the early stages one eye may show more internal pressure than the other.

This is the disease which causes the most bilateral blindness. Of victims of this disease who did not get treatment in time, 40,000 are now blind and 150,000 partially blind; estimates of U. S. glaucoma victims run as high as one million, with half of them unaware that they have it. Taken in hand early, the disease may be controlled in most cases. For the majority, specially prescribed eye drops will lower the internal pressure of such eyes to normal; sometimes if constantly used under proper guidance for the rest of the patient's life, miotic drops may control glaucoma without appreciable visual loss. In certain other cases where drugs do not reduce the internal pressure sufficiently, surgery is useful. However, it is heartbreaking to have to tell these patients that they never will be able to regain the sight they already have lost, and may even lose what little they may have left because treatment has been instituted too late. In cataract cases, surgery often changes a sightless eye to near-normal sight; this cannot always be accomplished in glaucoma surgery. Whatever sight

*Continued*

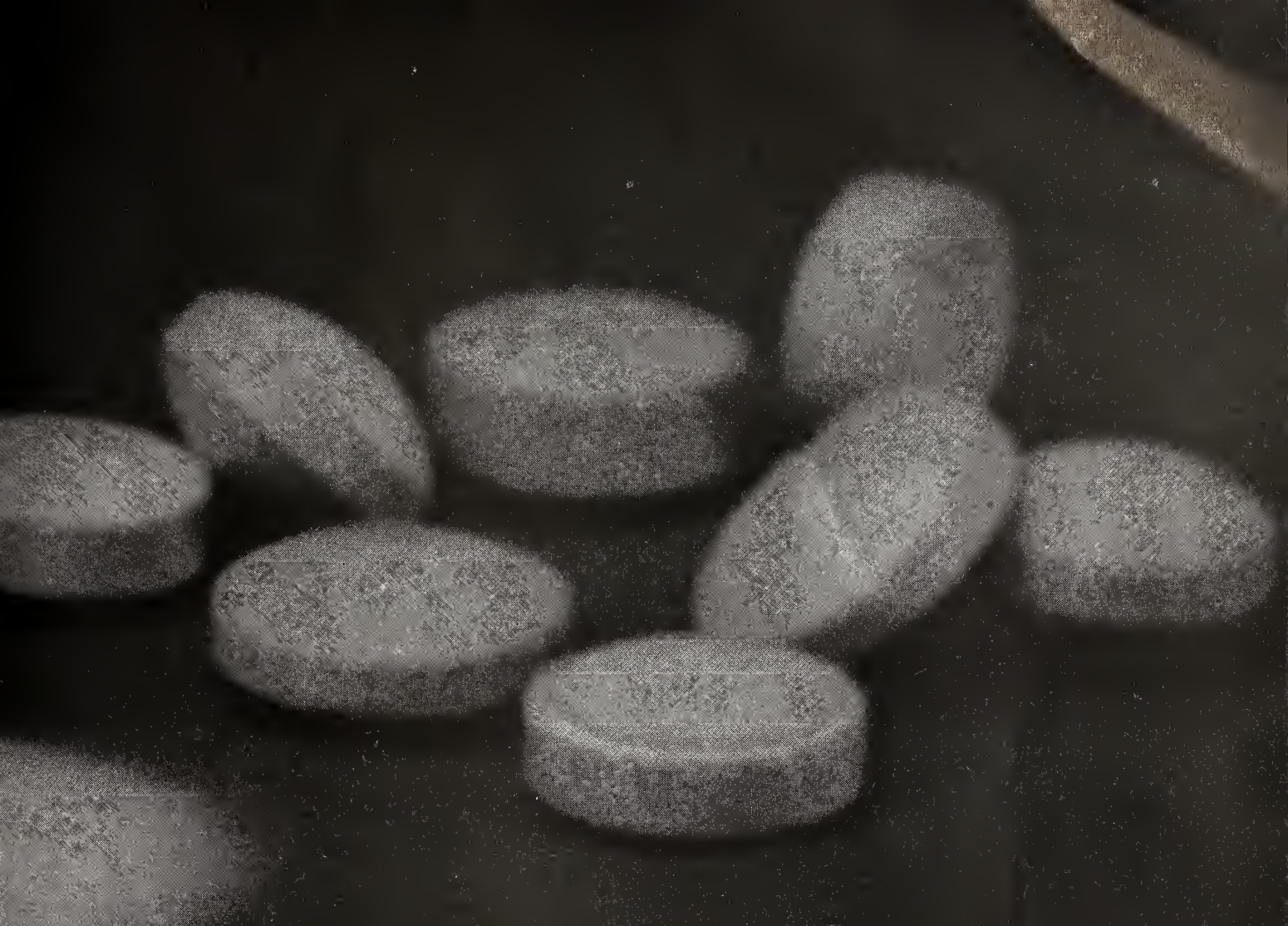
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**GREATER SAFETY**—high solubility, slow excretion and low dosage help avoid crystalluria. No increase in dosage is recommended; the usual precautions regarding sulfonamides should be observed.

**CONVENIENCE**—the low maintenance dosage of 1 Gm. (2 tablets) per day for the average adult offers optimal convenience and acceptance to patients.

**TABLETS:** Each tablet contains 0.5 Gm. (7½ grains) of sulfamethoxypyridazine. Bottles of 24 and 100.

**SYRUP:** Each teaspoonful (5 cc.) of caramel-flavored syrup contains 250 mg. of sulfamethoxypyridazine. Bottle of 4 fl. oz.

(1) Boger, W. P.; Strickland, C. S. and Gylfe, J. M.: *Antibiot. Med. & Clin. Ther.* 3:378 (Nov.) 1956.

\*Reg. U.S. Pat. Off.

LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY, PEARL RIVER, NEW YORK





is lost in glaucoma at time of arrest by medicine or surgery may remain lost, even if internal pressure does not arise again. These patients should be watched the rest of their lives.

Chronic non-congestive glaucoma begins insidiously at some time in life after 40 (it may begin earlier). Both eyes may have normal internal pressure in a patient over 40 years of age at a regular medical checkup or routine refraction with normal corrected or uncorrected vision, and six months or a year later there may still be normal vision but increased internal pressure, and the patient be completely unaware of the presence of glaucoma. If in the refraction, an ophthalmologist takes the internal pressure reading with a tonometer, the disease can be found and proper steps taken; indeed all patients over 40 should be seen periodically by an ophthalmologist to detect this disease early. The general practitioner can play a great part in conservation of vision by seeing that his patients over 40 see an ophthalmologist periodically. Especially is it important that patients who have a family history of the disease be seen from time to time.

This type of glaucoma is a stealthy stealer of sight. It begins as a rule quite painlessly. One of the earliest symptoms is that the patient has had a little blur in the vision with possibly a dull feeling of pressure or ache in one or both eyes, seeming to spread at times to the frontal and temporal areas. This patient often has a change made in his glasses by an optometrist on several close occasions. The glasses fail to cause these indefinite symptoms to abate. Finally he consults an ophthalmologist and learns he has glaucoma. The general practitioner can help in sight conservation by sending these unhappily fitted cases to ophthalmologists, often before actual pain or visual loss occurs. The halos around lights and the loss of side vision and the painfulness of glaucoma are not as a rule the earlier phases of the disease, but come when the glaucoma is more firmly established and often too late.

In non-congestive glaucoma, long continued increased internal pressure, even if it is not of great degree, gradually produces destruction of various receptor nerve cells and fibers in the retina. The first receptor cells affected are those toward the periphery, and as the condition advances the cells and fibers toward the center are involved, with the latest to be affected usually

being those which project central vision. Therefore an ophthalmologist periodically checks the visual field on perimeter and tangent screen. If the restriction of fields increases in spite of miotic therapy, he may operate on the eye or eyes while the tension is still relatively low. By this means a situation can be prevented in which the patient can still read with his central vision, yet have such poor peripheral vision that he cannot walk around the room without bumping into objects, or be a hazard in driving his car.

The continuation of internal hydrostatic pressure in the glaucomatous eye eventually may cause cupping of the optic nerve head, but the absence of a cupped disc does not always rule out the disease. We have seen blind glaucomatous eyes with normally flat optic nerve heads. Although a "flat anterior chamber" is present in many glaucomatous eyes, some glaucomas retain a deep anterior chamber; and many non-glaucomatous eyes have shallow chambers. In some glaucomas there is an atrophy of the iris, but many patients retain a normal appearing iris. The "rings around lights" noticed by patients with glaucoma are usually developed late in the disease, and this may be a symptom of a nuclear cataract rather than glaucoma.

### CONTROL IMPORTANT

Once a definite diagnosis of glaucoma is established the patient's disease should always remain controlled by an ophthalmologist. Some of these patients "drift" from such control for various reasons and not then being under treatment sooner or later become blind. The general practitioner can well serve such patients by reassuring the patient and returning him to his ophthalmologist. Indeed a large part of the success in the treatment of glaucoma rests in the continued cooperation between patient and his eye physician. Since emotional disturbances boost fluid pressure in the eyes, similar to blood pressure states, the patient with glaucoma should avoid excitement, anger or worry as much as possible, and not take on too many outside activities that will keep him in a worried state. In this the general doctor can help very much. During hospital admissions for other conditions, it is quite important that eye drops be kept up religiously by the patient even on the day of any surgery. It might be well for physicians to



add these questions to their "stock" list of questions to patients over 40:

1. Has any eye doctor ever said you have glaucoma?
2. Are you under drop treatment for such a condition?
3. Are you seeing your eye doctor regularly?

Questions might arise from glaucoma cases. As we have said before, reading itself is not to be discouraged in the usual glaucoma patient. However, any person with the disease is better off without stresses. Therefore, any individual who uses his eyes for prolonged periods under tension is usually told not to spend as many hours at his desk. Acute rises in tension do occur in glaucomatous patients who drink coffee and the cola drinks. Therefore we say to substitute the decaffeinated coffees and non-cola soft drinks. Tea, although a relative of coffee, does not seem to have the effect that coffee does. Prolonged staring in the dark causes pupils to dilate; therefore we advise only one feature be viewed in the movies, and advise intermittent television viewing such as only seeing the few more desirable programs, and these with a light on in the viewing room.

## SUMMARY

The purpose of this paper has been to better inform the general physician about glaucoma. It is proposed to follow this publication in a short time by a shorter article in the newspapers, to bring some of these patients to proper care. You will be asked questions which we hope this article will help you to answer. Remembering that any blurred vision, including loss of side vision after 40 may be glaucoma, painful or not; please watch for patients who:

1. Have had frequent changes of glasses, none of which is satisfactory.
2. Have an inability to adjust the eyes to darkened rooms, such as theaters and television.
3. Have blurred or foggy vision.
4. Have dull aches in the eyes with indefinite frontal or temporal headaches.
5. Have loss of side vision.
6. Have rainbow-colored rings around lights.
7. Have been told that they have glaucoma by a reputable ophthalmologist and have strayed from treatment.

## Abstract:

### THE HIDDEN DIABETIC

Murphy, Rosemary A.; Connecticut State Medical Journal 21:306-311 (April, 1957).

That there is a large group of potential or pre-diabetic patients is an accepted fact which is a challenge to the profession in the preventive medicine field. The author sets forth the basic clues by which the "hidden diabetic" can be discovered.

The prediabetic group is the group in which the "hidden diabetic" will be largely found, and the prediabetics have been found to fall into one or more of certain categories. Therefore, any patient who falls into these categories is entitled to further testing and continued follow-up with reference to his diabetic standing. These categories are:

*Diabetic family history*—Diabetes has a definite familial trend.

*Age*—Recent studies show that the incidence of diabetes increases with each decade over 45, and with the lengthening of life span, age becomes very important.

*Obesity*—"... the commonest physical abnormality in the U. S." Statistically, the incidence of diabetes is higher in the obese than in the non-obese.

*Pregnancy History*—It is suggested that fetal and neo-natal mortality and a tendency toward large babies may be characteristics of the prediabetic woman.

*Transient glycosuria*—Whether spontaneous, or induced by cortisone therapy or the stress of surgery, this must be taken seriously, and the patient followed closely.

*Fever and Hyperthyroidism*—These may be the trigger mechanisms for disclosing a potential diabetic, acting as a glucose tolerance test.

*Vascular disease*—This may precede the actual diabetic state, and therefore should put the physician on guard.

Following this outline of the categories in which the "hidden diabetic" may be discovered, the author presents a discussion of laboratory methods of diagnosis, including some new methods of confirming the suspicion of a potential diabetic.

The challenge to the physician and the methods by which it may be met are well set forth, but the real problem—"How to get such a large group of people to co-operate in a preventive medicine plan"—is left to the ingenuity of the individual.

Josephine F. Murphy, M.D., South Bend.

# Woman's Auxiliary to I.S.M.A. Wins Many Honors at National Convention

*The following report has been assembled and written with the assistance of officers and delegates who attended the National Convention of the Woman's Auxiliary to the American Medical Association.*

**W**HAT DID MEMBERS of the Woman's Auxiliary to the Indiana State Medical Association accomplish at the National Convention in New York as the culmination to an active and productive year?

1. Elected a member first vice president of the National Auxiliary.
2. Placed third in open competition with all states in per capita contributions to the American Medical Education Foundation. Indiana county placed first in county competition.
3. Placed first in Class III (states having 2,001-3,000 members) in *Today's Health* subscription contest. Indiana county placed second in county competition (over 100 members).

## THE DELEGATION

Twenty-five delegates from the Woman's Auxiliary to the Indiana State Medical Association, under the chairmanship of Mrs. William R. Tindall, Shelbyville, the Presidential delegate, went to New York for the June meeting of the American Medical Association determined to elect one of their members to a high office in the National Auxiliary, and hopeful of gaining recognition for their efforts and accomplishments during the past year.

Delegates from Indiana were: Mrs. Frank M. Gastineau, Mrs. Ted L. Grisell, Mrs. Lester D. Bibler, and Mrs. Cleon A. Nafe, all of Indianapolis; Mrs. John M. Sullivan, Terre Haute; Mrs. Elton R. Clarke, Kokomo; Mrs. F. Pierr Johnson, Rochester; Mrs. Francis M. Fargher, and Mrs. L. F. Piazza, Michigan City; Mrs. J. W. Mather, East Gary; Mrs. Milton Ger-virtz, Hammond; Mrs. Robert F. Reed, Mishawaka; Mrs. W. R. Tindall, Shelbyville; Mrs.

Wendell C. Stover, Boonville; Mrs. W. L. Portteus, Franklin; Mrs. R. Case Hammond, Evansville; Mrs. John M. Paris, New Albany; Mrs. Charles R. Alvey, Muncie; Mrs. Guy A. Owsley, Hartford City; Mrs. Paul W. Sparks, Winchester; Mrs. R. N. Bills and Mrs. J. E. Kopcha, Gary.

## RECOGNITION

Mrs. Frank M. Gastineau, Indianapolis, was elected first vice-president of the National Auxiliary to the American Medical Association. Previously she had served with distinction on the National board of directors, as National third vice-president, which office made her chairman of the Organization of the North-Central States with 12 states under her jurisdiction. For her outstanding work she was honored by the National nominating committee when her name was placed before the delegates for the office of first vice-president. Mrs. J. W. Mather, East Gary, was a member of the nominating committee.

Mrs. Gastineau also served as moderator for the afternoon session when state reports were submitted by presidents of the state Auxiliaries. In addition, she moderated the meeting of the North-Central Region and presided at the Roundtable discussions in the Grand Ballroom of the Hotel Roosevelt.

## CITATION

Mrs. Francis M. Fargher, Michigan City, National Auxiliary A.M.E.F. chairman, received a personal citation from Dr. George M. Lull, secretary-general manager of the A.M.A., for her outstanding work throughout the nation. The Auxiliary presented the A.M.A. with a check for \$113,581.77 for the American Medical Education Foundation.

While Mrs. Fargher was receiving personal



acclaim for her able chairmanship, the Woman's Auxiliary to I.S.M.A. also established an unusual record. The Auxiliary received an Award of Merit from Doctor Lull. The state Auxiliary's contribution of \$9,373.54 to A.M.E.F. brought a third place position in the competition among all states to secure the highest per capita contributions. Indiana's \$3.65 per capita contribution was exceeded only by Hawaii's first place winning \$6.15 per capita, and Nevada's second place \$4.94.

Vanderburgh County's Auxiliary won undisputed first place among all counties with its \$10 per capita contribution. Marion County Auxiliary won an honorable mention. Twenty-five Indiana counties contributed \$5.00 or more per capita. That county honor roll includes: Perry-Spencer with a per capita contribution of \$13.05; Shelby, \$11.66; Vanderburgh, \$10.42; Decatur, \$9.56; Randolph, \$9.10; Marshall, \$9.08; LaPorte, \$8.39; Elkhart, \$6.92; Johnson, \$6.67; Vigo, \$6.51; Kosciusko, \$6.42; Boone, \$6.15; Lake, \$5.59; Dubois, \$5.31; Floyd, \$5.26; and Wabash, \$5.00.

The Indiana Auxiliary A.M.E.F. record has improved steadily the last three years. Contribution for 1954-55 was \$7,500 (\$3.08 per capita); 1955-56, \$8,690 (\$3.30); and 1956-57, \$9,373 (\$3.65).

#### AT TOP OF LIST

A first prize—and a \$40 check—was awarded the Indiana Auxiliary in the Today's Health subscription contest. Top prizes in four classes, based on membership, went to New Mexico, Kansas, Indiana, and Pennsylvania.

Mrs. Jack Shields, Brownstown, was Today's Health chairman for Indiana for 1956-57. Her remarkable report disclosed Indiana's quota for credit points in the contest was 2,570; this was exceeded by a total of 5,135 with a state percentage of 199%.

St. Joseph county's Auxiliary received the second place award in Group IV (over 100 members) and a check for \$25.

Counties which helped Indiana achieve top spot and which merit special commendation for their unusual jobs are:

*500% or more of quota*—Marshall, 685; Kosciusko, 642.

*200-499% of quota*—Perry, 393; Decatur, 322; LaPorte, 273; Gibson, 271; Carroll, 238; Wabash, 233; Jay, 231; Randolph, 210; Floyd, 215; St. Joseph, 349; Vanderburgh, 220.



Mrs. Francis M. Fargher, Michigan City, left, completes an outstanding job as National A.M.E.F. chairman for the Woman's Auxiliary and watches with interest as Mrs. Robert Flanders, Auxiliary president, presents a check for \$113,581.77 to Dr. George M. Lull, vice-president of the American Medical Education Foundation. The presentation was made at the A.M.A. convention in New York.

*100-199% of quota*—Lawrence, 189; Parke-Vermillion, 167; Shelby, 152; Boone, 146; Owen-Monroe, 140; Vigo, 129; Wells, 126; Elkhart, 121; Tippecanoe, 114; Dubois, 113; Grant, 110; and Rush, 100.

Awards were made at the annual Today's Health Honor Breakfast. The state's first place check was presented to Mrs. W. R. Tindall, immediate past state president, who accepted for Mrs. Shields who was unable to attend the New York meeting.

Mrs. Robert Reed, Mishawaka, the newly appointed state Today's Health chairman, attended and received the award for her county, St. Joseph.

#### REPORT FROM INDIANA

On June 4, Mrs. William R. Tindall, Shelbyville, presented her report from Indiana to the National convention. Departing from the usual, she made the report on "Indiana 1956-57 (Ode to Our Code)" in verse form. She told of the Auxiliary's accomplishments in its twenty-ninth year—a gain of 92 members for a total 2,662, with 80 counties included in 63 groups and 40 members-at-large; the A.M.E.F. and Today's Health records, the Hoosier Doctor's Wife publication, nurse recruitment program, public relations and safety programs. The report told of a busy year of accomplishment for the members of the Auxiliary throughout the state.

#### IN MEMORIAM

An impressive memorial service was held June 4 for members whose deaths had occurred

during the last year. Indiana delegates who took part in the program gave their "In Memoriam" booklets containing the program to members of the Indiana families in which there had been an Auxiliary member's death.

Former Indiana Auxiliary members to whom memorial tribute was paid were: Mrs. William Green, Pekin; Mrs. George Daniels, Marion; Mrs. W. H. Hillman, South Bend; Mrs. Charles Caylor, Bluffton; Mrs. Frank Bass, Shelbyville; Mrs. J. O. Ritchey, Indianapolis; Mrs. Herbert Magennis, Indianapolis; Mrs. G. G. Colglazier, Leipsic; Mrs. Thomas Brown, Muncie; Mrs. Glen Patrick, Elkhart; Mrs. Jerome A. Graf, Bloomfield; Mrs. C. H. Warfield, Fort Wayne; Mrs. F. P. Johnson, Rochester; Mrs. Joseph Schetgen, Geneva, and Mrs. William T. Wilson, Kokomo.

### SOCIAL EVENTS

Tea and Fashion Show held at the Tavern-on-the-Green in Central Park honored Mrs. Robert Flanders, Manchester, New Hampshire,

president of the National Auxiliary, and Mrs. Paul C. Craig, Wyomissing, Pennsylvania, president-elect. Indiana delegates who attended were Mrs. Gastineau, Mrs. Nafe, Mrs. Fargher, Mrs. Piazza, Mrs. Tindall, Mrs. Sullivan, Mrs. Clarke, and Mrs. Mather.

Engraved invitations from the state of Pennsylvania were issued to several Indiana Auxiliary members, inviting them to a reception in honor of Mrs. Paul C. Craig in the Palm Terrace of Hotel Roosevelt. Those attending were Mrs. Gastineau, Mrs. Clarke, Mrs. Sullivan, Mrs. Fargher, and Mrs. Tindall.

The Annual Dinner of the Woman's Auxiliary to the A.M.A. for members and their husbands was held on Thursday evening and was the climax of the Auxiliary's meeting. Dr. Richard Foley, professor of history at Dartmouth College, was the guest speaker. Members reported the affair one of the best they had attended and extended congratulations to the National president, Mrs. Flanders, for the well-planned program.

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### CHANGE ANNOUNCED IN AUXILIARY PRESIDENCY

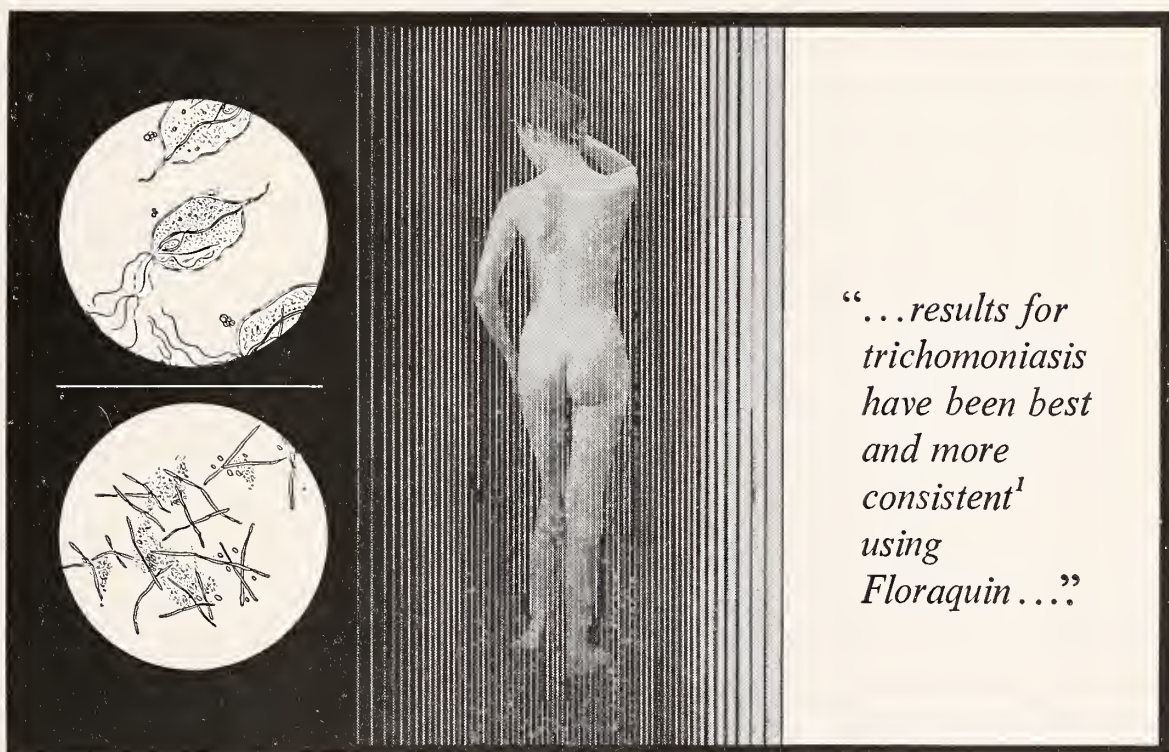
The executive committee of the Woman's Auxiliary to the Indiana State Medical Association has accepted the resignation of Mrs. Joseph E. Dudding who assumed the presidency of the Auxiliary at the April House of Delegates meeting in Richmond. Mrs. Dudding submitted her resignation because of the serious illness of her husband, Dr. Joseph E. Dudding. Hope general practitioner. Dr. Dudding was hospitalized for several weeks.

Mrs. Wendell C. Stover, Boonville, first vice-president, automatically succeeded to the presidency under provisions in the Constitution and By-Laws of the Woman's Auxiliary.

The regular Woman's Auxiliary page in The JOURNAL will be resumed in September with Mrs. Stover reporting to I.S.M.A.



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gens and favors the growth of protective Döderlein bacilli.

Pitt<sup>1</sup> recommends vaginal insufflation of Floraquin powder daily for three to five days, followed by acid douches and the daily insertion of Floraquin vaginal tablets throughout one or two menstrual cycles. G. D. Searle & Co., Chicago 80, Illinois. Research in the Service of Medicine.

1. Pitt, M. B.: Leukorrhea. Causes and Management, J. M. A. Alabama 25:182 (Feb.) 1956.

2. Parker, R. T.; Jones, C. P., and Thomas, W. L.: Pruritus Vulvae, North Carolina M. J. 16:570 (Dec.) 1955.

SEARLE

# Indiana Well Represented at A.M.A. Convention; Registrants Listed

DAILY BULLETINS published by the American Medical Association during the June 3-7 annual convention in New York list the following physicians from Indiana:

## I.S.M.A. DELEGATES

The four official delegates from the Indiana State Medical Association, Drs. Eli S. Jones, Hammond; Cleon A. Nafe, Indianapolis; Wendell C. Stover, Boonville; and Gordon S. Wilder, Anderson, attended the entire session.

## SECTION DELEGATES

Indiana physicians who were seated as section delegates were: General Practice—Dr. Lester D. Bibler, Indianapolis; Pathology and Physiology—Dr. Lall G. Montgomery, Muncie.

## PHYSICIAN REGISTRATION

Other physicians registering from the Hoosier state included: Drs. Charles E. Alvey, Muncie; George S. Bond, Indianapolis; Philip A. Boyer, Jr., Indianapolis; Don F. Cameron, Angola; Kenneth C. Carter, Elkhart; John R. Cassady, Mishawaka; Stanley Chernish, Indianapolis; Franklin S. Crockett, Lafayette; G. Maxine Gibson, Indianapolis; H. G. Glass, Elkhart; Charles M. Gruber, Jr., Indianapolis; Norman L. Heminway, Elkhart; Milton Herzberg, Clinton; Forrest E. Keeling, Portland; William R. Kirtley, Indianapolis; E. G. Koehler, Elkhart; Glen Ward Lee, Richmond; Carl McCaskey, Indianapolis; M. M. McDowell, Vincennes; R. G. Mehne, Brazil; F. Bruce Peck, Jr., Indianapolis; Roscoe L. Sensenich, South Bend; John C. Shattuck, Brazil; H. T. Stout, Frankfort; John M. Sullivan, Terre Haute; Benjamin A. Weinberg, Whiting; Merle E. Whitlock, Mishawaka; Robert C. Ziss, Evansville. All of these were advance registrations.

Opening day registrations included Drs. Abraham A. Brauer, Gary; Carl A. Bunde, Indianapolis; Robert M. Butterfield, Muncie; Earl L. Chandler, Indianapolis; L. H. Chandler, Goshen; R. L. Conklin, South Bend; Merrill S. Davis,

Marion; W. M. Dickerson, Monticello; Richard R. Eggers, Crawfordsville; Harold L. Ericson, Windfall; J. B. Eviston, Huntington; F. H. Gootee, Loogootee; Charles Hertzban, Fort Wayne; Philip G. Hersherberger, Fort Wayne; Glenn W. Irwin, Indianapolis; J. M. T. Jitolski, Evansville; Hedwig S. Kuhn, Hammond; Hugh A. Kuhn, Hammond; Herbert A. Lautz, Munster; Wilbur C. McCormick, Brazil; H. Allison Miller, Marion; Gregorio Oclander, Indianapolis; George Parks, Hartford City; Stephen N. Phelps, South Bend; Arvine G. Popplewell, Indianapolis; F. A. Rice, Indianapolis; Hans Sahlmann, Fort Wayne; William David Seidel, Fort Wayne; W. D. Snively, Jr., Evansville; Paul W. Sparks, Winchester; Lloyd R. Studebaker, LaGrange; Michael James Sweeney, Evansville; John H. Warvel, Indianapolis; Clayton G. Weigand, Indianapolis; Kenneth R. Woolling, Indianapolis; Paul S. Yocum, Gary, and Donald A. Zalac, Michigan City.

Also registering Monday were Drs. J. B. Bennett, Warren; John A. Campbell, Indianapolis; Harold D. Caylor, Bluffton; K. K. Chen, Indianapolis; Kenneth L. Craft, Indianapolis; L. A. Crandall, Elkhart; Carl S. Culbertson, South Bend; R. H. Denham, Jr., South Bend; Ralph C. Eades, Valparaiso; F. M. Fargher, Michigan City; A. N. Ferguson, Fort Wayne; A. L. Fipp, Rome City; George F. Green, South Bend; Ted L. Grisell, Indianapolis; R. Case Hammond, Evansville; Elsworth K. Haugseth, South Bend; Anson Hurley, Muncie; J. R. Hurley, Daleville; Robert Kammen, Indianapolis; Edward H. Kruse, Fort Wayne, and E. B. Lamb, Indianapolis.

Also Howard J. Leahy, Pendleton; D. F. MacLeod, West Lafayette; Bernard Magid, Indianapolis; Clarence H. Marchant, Bloomington; Warren C. Mayes, Fort Wayne; Virgil McCarty, Princeton; Dennis S. Megenhardt, Indianapolis; Robert D. Meiser, Huntington; A. M. Mintz, Hammond; Henry G. Nester, Indianapolis; Guy A. Owsley, Hartford City; John M. Paris, Jr., New Albany; Leonard F. Piazza, Michigan



City; Robert F. Reed, Mishawaka; Herbert A. Schiller, South Bend; T. F. Schlaegel, Jr., Mooresville; W. H. Scoins, Fort Wayne; Lee Smith, Jr., Lakeville; J. Frank Stewart, Vincennes; Dean K. Stinson, Rochester; C. M. Stoycoff, Gary; Tyler J. Stroup, Indianapolis; Kenneth E. Thornburg, Indianapolis; W. R. Tindall, Shelbyville; Fred M. Wilson, Carmel; and A. C. Worley, Fort Wayne.

Tuesday registrants were Drs. Robert L. Armington, Anderson; Elton R. Clarke, Kokomo; W. Donald Close, Indianapolis; M. A. Davidoff, Ossian; L. G. Frith, South Bend; Frank M. Gastineau, Indianapolis; Joseph H. Geyer, New Albany; Charles M. Gingerick, Markle; Francis G. Henderson, Indianapolis; F. P. Johnson, Rochester; Harry E. Klepinger, Lafayette; Paul T. Lamey, Anderson; Robert J. Lewis, Indianapolis; Charles H. Loomis, Richmond; Otis R. Lynch, Marengo; W. Foster Montgomery, Indianapolis; Louis H. Osterman, Seymour; V. B. Scott, Shelbyville; Gilbert B. Stansell, West Lafayette; Isabel Buford Turner, Evansville; John R. Weber, Fort Wayne.

Also Drs. R. N. Bills, Indianapolis; S. M. Casey, Huntington; Frank H. Coble, Richmond; Frederick J. Colosey, South Bend; Bernard J. Dolezal, South Bend; Sherman L. Egan, South Bend; N. H. Gladstone, Fort Wayne; J. E. Kopcha, Gary; Edwin F. McNichols, Greencastle; Franklin B. Peck, Sr., Indianapolis; Harry D. Webb, Anderson.

Wednesday morning registrants from Indiana were Drs. Philip L. Kurtz, Indianapolis; James A. Taylor, Muncie; J. E. Tether, Indianapolis; Harlan H. Tyner, Indianapolis; Agatha Wilhelm, South Bend; and Robert W. Wilkins, Fort Wayne.

Englishman: "What's that blooming noise I 'ear?"

Native: "Why, that's an owl."

Englishman: "Of course it is; but oo's 'owling?"

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announces through its Board of Trustees that action was taken July 8 fixing the final closing date of the present hospital as October 1, 1957.

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# Health and Safety Procedures Set for 1957 Series of Nuclear Tests in Nevada

**S**AFEGUARDING the public health and safety again are primary considerations in the PLUMBBOB series of nuclear tests at the U. S. Atomic Energy Commission's Nevada Test Site. The first test was held in May.

As a result of improved controls and procedures, radioactive fallout in the area around the Test Site is expected to be even lower than the levels which have resulted from previous tests in Nevada. For the United States as a whole, average exposures will be small in comparison with the radiation dosages normally received from natural "background" radiation. Fallout levels in other parts of the world as a result of the tests generally will be lower than those in the United States.

Systems of detecting and measuring fallout radioactivity have been expanded and improved in order to provide more extensive data for scientific purposes and for informing the public. Radiological monitoring will be conducted by several networks of stations extending from the Test Site region to locations around the world.

A major goal of the series will be the further development of weapons for the defense of this country in the event of a nuclear attack. Additional information on effects of nuclear weapons also will be obtained for use in improving both military and civil defense plans and procedures, which must be maintained pending ultimate agreement on safeguarded disarmament.

Each test scheduled for Operation PLUMBBOB has been carefully evaluated to determine that it is necessary for achievement of the overall objective of strengthening the military and civil defense of the United States and the Free World.

Only devices of relatively low yield, or explosive energy, will be detonated during the series.

The Nevada Test Organization, which is in charge of conducting the tests, has advised the Atomic Energy Commission that:

1. None of the shots in the PLUMBBOB series is expected to produce as much fallout

on the nearby region as did some of the shots in the 1955 TEAPOT series.

2. The total fallout on the region around the Test Site from all shots in the new series is expected to be less than that for any Nevada test series since 1952.

## REDUCTION OF FALLOUT

Controls and procedures for the test series are designed to assure that exposure of the public in the Test Site region for the entire series will be below the Commission's basic guide of 3.9 roentgens of whole-body exposure to gamma rays. In its day-to-day operations, the Test Organization will strive to hold public exposure to fallout as near zero as possible.

Procedures for keeping fallout at a minimum include the following:

1. The Test Organization has established criteria defining the maximum permissible yield for devices exploded at specified altitudes. If the fireball produced by any detonation is expected to reach the surface of the Test Site, drawing up dust and debris into the atomic cloud and thereby increasing local fallout, there will be severe restrictions on the weather conditions considered acceptable for the test. Such tests will be conducted only when predicted weather conditions will not produce significant fallout on any inhabited locality. Improved weather forecasting techniques and highspeed electronic methods of predicting fallout paths and intensity will be utilized.

2. There has been a continuing effort in the weapons laboratories to design devices of the lowest possible yield which will provide the desired scientific data. Decreasing the yield of a device has the effect of decreasing the amount of radioactive fission products which can descend as fallout.

3. Improved techniques will be utilized to keep the fireballs of the detonations away from the surface of the testing area. Relatively little local fallout results from detonations in which



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\*T.M. Reg. U.S. Pat. Off. for prochlorperazine, S.K.F.

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Patent Applied For

*"calm but not  
sleepy"*

the fireball does not approach close to the surface.

The most important new technique of keeping the fireball away from the ground will be the use of anchored balloons for several detonations. These cannot be used for every detonation, since in some instances the relative positions of the nuclear device and the instruments used to record data must be known very accurately. However, operating procedures and recording instruments have been developed which will make use of balloons practical for some shots at altitudes of 500 to 2,000 feet.

The use of balloons not only will keep the fireball away from the surface, but also is expected to provide less material to be vaporized and drawn into the atomic cloud than is the case when devices are detonated from towers.

Towers will be used for some shots in the new series. The height of towers has increased from 100 feet in 1946 and 1951 to 500 feet in the last Nevada series in the Spring of 1955. At least one shot in the PLUMBBOB series will be fired on a newly-designed 700-foot tower.

A possible technique for eliminating airborne fallout will be tested in the new series. A device of very low kiloton yield is scheduled for firing in an underground tunnel. It is believed that this method of firing will prevent escape of radioactive materials into the atmosphere. Conventional high explosives with small amounts of radioactive tracers have been fired in underground tunnels at the Test Site to provide information on the feasibility of an underground shot. The low-yield underground test will provide data on seismic and underground contamination effects which will determine the feasibility of further underground shots.

Several safety experiments also will be conducted in underground shafts which will contain any resulting low-yield nuclear detonation and will prevent any on-site surface contamination.

### **WARNING PROCEDURES**

As in past series, every effort will be made to warn people away from the Test Site and the Las Vegas Bombing and Gunnery Range. A Civil Aeronautics officer again will be assigned to the Test Organization to provide for closure of air space if necessary to prevent exposure of persons in aircraft.

Persons in the Test Site area also will be advised of precautions to take against the bril-

liant flash of light and the shock wave from the detonations. No member of the public has suffered eye damage in past series from the light flash. Minor damage from the shock wave occurred in some nearby communities, principally in the earlier series.

### **RADIATION EXPOSURE LEVELS**

Many thousands of measurements of fallout radioactivity have been made in the Test Site area since the beginning of testing in Nevada in 1951. These measurements have confirmed that Nevada test fallout has not caused illness or detectable injury to health.

The highest fallout level noted to date in an inhabited place outside of the Test Site occurred in 1953 at a motor court near Bunkerville, Nevada, where about 15 people might have accumulated 7 to 8 roentgens if they had continued to live there indefinitely. The highest estimated total exposure to a community has been 4.3 roentgens at Bunkerville.

Most of the communities in the Test Site area have received less than one roentgen total estimated exposure as a result of the six years of testing in Nevada.

Outside the Test Site region, the total dose since the beginning of nuclear testing generally has been a very small fraction of a roentgen—considerably less than the average exposure to natural “background” radioactivity which persons have received over the same time period. Roughly speaking, the additional exposure resulting from test fallout outside the Test Site region has been about equivalent to the additional exposure to background radiation which a person would receive by moving from sea level to a locality a few hundred feet higher in altitude. (Background radiation levels increase with altitude because of an increase in cosmic ray frequency.)

Fallout radioactivity noted in other countries has been even less. Except for some of the Pacific islands, the cumulative gamma dose at foreign monitoring stations from October 1951 to September 1955 ranged from four to 23 thousandths of one roentgen.

Many measurements of the strontium-90 content of soil, food and feed crops, milk, meat and human bones have been made, since strontium-90 is considered to be potentially the most hazard-

*Continued*



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August 1957 1017

ous fallout material when taken into the body. None of these measurements has disclosed a dangerous concentration of strontium-90 from Nevada tests outside of the controlled areas of the Test Site.

### **RADIOLOGICAL MONITORING**

The Test Organization's monitoring programs will be concentrated largely in the region up to 200 miles from the Test Site. Outside of this area, other monitoring networks will provide information on levels of radioactivity in the United States and in other parts of the world. The U. S. Public Health Service, the U. S. Weather Bureau, and 11 Commission installations will cooperate in this monitoring activity.

Monitoring programs are being expanded in several respects to provide more detailed information on the distribution of fallout and the exposures resulting from it.

The monitoring stations will detect whatever radioactivity is present in their localities, whether it results from the PLUMBBOB tests or from foreign nuclear tests. Therefore, if foreign tests are held during the series, the readings may represent fallout from these as well as from the U. S. tests.

### **CLOUD SAMPLING, CLOUD-TRACTING AND AIRBORNE MONITORING**

Aircraft will be used to take samples of the atomic clouds and to track them from the Test Site for about 600 miles, by which time they will have dispersed into completely invisible, widely diffused air masses.

Aircraft also will be used after each shot to determine the fallout pattern on the ground and to provide estimates of the radiation intensity. Three planes, equipped with instruments of the type developed by Oak Ridge National Laboratory to locate uranium ore deposits from the air, will take part in this operation.

### **MONITORING TEAMS IN TEST SITE AREA**

Seventeen monitoring teams of U. S. Public Health Service regular and reserve officers will be stationed in communities near the Test Site throughout the series. They will be responsible for monitoring in zones in and around the communities. Teams will be stationed at Las Vegas, Alamo, Caliente, Pioche, Ely, Tonopah, Mercury, Lincoln Mine, Overton, Mesquite, and Eureka, Nevada; St. George, Cedar City and

Beaver, Utah; Barstow and Bishop, California, and Kingman, Arizona.

In addition, at least eight two-man mobile monitoring teams of U. S. Public Health Service personnel will be available for post-shot monitoring in downwind areas after each detonation. They will assist the teams stationed in communities or will monitor more isolated areas between the community zones.

Twelve fixed-station teams and four mobile teams were utilized during the 1955 Nevada series.

The monitors will distribute and collect film badges (used for measurement of radiation dosage), monitor radioactivity on the ground and in the air, collect water and milk samples, and answer public inquiries regarding test fallout.

### **FILM BADGES**

Since photographic film is extremely sensitive to radiation, badges containing film have been used extensively in the atomic energy program to measure radiation exposure.

During the 1955 series, badges were placed on the interiors and exteriors of buildings in the Test Site area, on trees, posts and fences in communities and in the open country. In addition, some of the residents of the nearby area wore badges as a means of aiding the Test Organization in determining the radiation exposures actually experienced by persons in the area. A total of 555 such film badge "stations" were used in the 1955 series.

At least 1,000 film badge stations will be established during the 1957 series. In several small communities near the Test Site, all residents except infants and small children will be asked to wear badges throughout the series. (Infants and small children are likely to chew or otherwise damage the badges, making it impossible to obtain accurate measurements.)

A more detailed program is planned at Alamo, a town of about 400 persons located 55 miles northwest of the Yucca Flat firing area. Alamo was chosen as a representative town of the Test Site region.

In addition to wearing film badges, Alamo residents will be asked to report their movements inside the region and to other localities, and also to provide information on other activities which might affect radiation dosage, such as the amount of time spent indoors as compared with outdoors. Each person also will be asked

*Continued*





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is a matter of personal  
viewpoint and opinions vary . . .



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for details of his previous exposure to radiation, such as medical X-rays.

This project has two major purposes:

1. To obtain information on how fallout radiation exposures are affected by movement, shielding provided by buildings, weathering of the fallout material by wind and rain, and other factors.

2. To obtain information on the problems which might be encountered in attempting to record the radiation exposure of a relatively large group of persons through the use of film badges.

### COLLECTING PROJECTS

Several hundred fallout trays, coated with waterproof adhesive, will be distributed in areas generally adjacent to the Test Site. The contents will be collected regularly and analyzed for beta particle fallout.

At least 20 continuous radiation recorders will be placed in nearby communities to record the time of arrival of any fallout, its intensity, and in some cases the effect of shielding by structures.

The Atomic Energy Project of the University of California at Los Angeles will utilize the test series to continue studies of the uptake of fission products in plant and animal life and the distribution of fallout particles.

UCLA scientific personnel will obtain soil and plant samples and will hunt and trap wildlife and rodents in fallout areas from the Test Site out to about 160 miles. They also will study the distribution of fallout particles of different sizes with the objective of providing information which can be used in the prediction of fallout patterns.

If fallout is recorded in areas within California, Utah or Nevada where crops are grown, samples of soil, forage crops, vegetables and milk will be collected to learn more about the biological availability of fission products.

### MONITORING IN U. S.

Outside of the area within about 200 miles of the Test Site, monitoring activities will be conducted in cooperation with the U. S. Weather Bureau, the U. S. Public Health Service, and 11 Atomic Energy Commission installations. These operations will not be conducted in the expectation of possible hazard, but for scientific purposes and to keep the public informed on levels of radioactivity.

As in past test series, a network of U. S.

Weather Bureau stations will collect dust samples. The stations will expose sheets of film covered with adhesive outdoors on a tray each 24 hours, and then mail them to the Commission's Health and Safety Laboratory in New York. There, the samples will be reduced to ashes and the radioactivity will be measured with extremely sensitive instruments.

Ninety-three Weather Bureau sampling stations will be in operation during Operation PLUMBBOB.

Although this collection system provides important scientific data, it does not provide immediate information on fallout levels, since the samples must be mailed to the Health and Safety Laboratory and counted there. Information will be provided more quickly by two other monitoring networks, one consisting of 38 stations established by the U. S. Public Health Service and the other consisting of monitors at 11 Commission installations.

The Public Health Service established its country-wide monitoring system in 1956.

The Public Health Service monitoring stations will make daily readings of radioactivity and will forward the data to a central collection office in Washington. The stations also will report data to the State Health Officers of the states in which the stations are located. Under a contract between the Public Health Service and the Commission, the monitoring system will operate throughout the series and for some weeks thereafter.

The primary purposes of the system are to give state and local health departments more experience in studying fallout and normal background radiation levels, and to obtain daily records of radioactivity. The stations will be manned by trained technicians from state health departments, local universities and scientific institutions.

### OUTSIDE THE U. S.

Dust samples will be collected at 73 stations outside of the continental United States and extending around the world.

Soils also will be sampled on a world-wide basis, and samples of other materials such as milk and cheese, field crops and human and animal bones will be taken for analysis of their strontium-90 content. This program is part of the Commission's Project Sunshine, a study of the world-wide distribution and uptake of strontium-90.



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# "Patchwork" of Chemical Laws Studied in Quest for Workable, Uniform Legislation

A RECENT American Medical Association study showed a "patchwork" of state and federal laws regarding the labeling of hazardous chemicals, and pointed up the need for a uniform law.

Bernard E. Conley, Ph.D., secretary of the A.M.A.'s committee on toxicology, said his committee and the A.M.A. law department conducted the study in preparation for drafting a model chemical labeling law. A fall conference of interested parties in government, industry and medicine is planned to draft the model law, which will then be submitted to legislative bodies.

The proposed legislation is intended to reduce careless and ignorant handling of potentially harmful products in and around the home, in small businesses and in other areas where control of over-exposure to chemicals is not as efficient as in the manufacturing process, Conley said.

The law will require informative labeling, including listing of possibly harmful ingredients, their potentialities for harm, directions for safe use, and first-aid instructions.

At present all the states require labeling of narcotics; 93 per cent of drugs, and 85 per cent of pesticides. However, only 52 per cent require labeling of caustics and 10 per cent of industrial chemicals. Only New York, Indiana, Kansas and Connecticut regulate hazardous substances in household products.

At the national level, there are several chemical laws, including the Food, Drug and Cosmetic Act of 1938; the Insecticide, Fungicide and Rodenticide Act of 1947, and the Federal Caustic Poisons Act of 1927. In addition, the Interstate Commerce Commission and the Post Office Department have regulations regarding labeling, uses and transportation of chemicals.

## LACK OF CONFORMANCE

The hodge-podge of laws is confusing and leads to omission of many necessary regulations, Conley said. For instance, only 10 of 25 state caustic acid laws are similar to the Federal Caustic Poisons Act. The federal act itself is limited to only 12 caustic and corrosive acids and alkalies in specified concentrations, of which some are known to be hazardous in lower concentrations. In addition, many dangerous acids and alkalies are not even included in the law.

Of the 46 states with drug laws, only 19 conform to the Federal Food, Drug and Cosmetic Act of 1938, even though 40 per cent of all drugs sold are confined to intrastate commerce, Conley said.

All but four states have poison laws or regulate the sale of poisons in some way. Only five states (California, Oregon, Illinois, New York and New Jersey) require precautionary labeling of chemical products used in industrial establishments. Other states have special laws regulating specific individual chemicals. In fact, there are 16 types of these special laws and some states have as many as five such statutes.

"By and large there is greater agreement between state and federal laws in the area of pesticides than in any other major class of chemical products," Conley said. Forty-three states have laws governing the sale and distribution of pesticides.

The need for a uniform law is quite apparent, he said. Uniformity not only will offer greater protection to the users of chemicals, but will facilitate educating the public to the significance of warning labels. It will also avoid the need for special packaging and labeling for each state, thus easing distribution and decreasing the cost of chemical products.

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# There's Still Time to Prevent Some of Estimated 7,000 Drownings in U.S.

ALTHOUGH SAFETY EDUCATION has reduced incidence of drowning by 50 per cent in the last 50 years, some 7,000 Americans will die by accidental drowning during the months of June through August this year.

But the number could be greatly reduced and "many of these persons could probably be saved by adequate resuscitative measures and aftercare," according to an article in the June issue of *Therapeutic Notes*, a monthly medical magazine published for physicians by Parke, Davis & Company.

"About 90 per cent of the ninety million persons who use swimming facilities each year swim very poorly or not at all. Only 10 per cent swim reasonably well or very well, and the percentage of swimmers who are able to assist others in distress is even smaller, a fact corrob-

orated in that three of every four drownings occur within 60 feet of the shore."

Artificial respiration, the article emphasizes, must be "instituted immediately, even at risk of other injuries" since circulatory failure may occur in a matter of seconds.

The immediate problem of resuscitation is to drain as much liquid as possible from the respiratory system and to maintain an adequate airway. The patient should be placed in a prone position and lifted at the waist, so that water will drain out of the bronchial passages. Debris, mucus, dentures and other material should be removed from the mouth and throat.

## TYPES OF RESUSCITATION

"The 'push-pull' or 'arm lift-back pressure' is recommended for all persons except infants and very small children," the article states. "In in-



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Vitamin E.....	1 I.U.	Inositol.....	20 mg.
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\*REFERENCE: J.A.M.A. 163: 359, 1957 (February 2)

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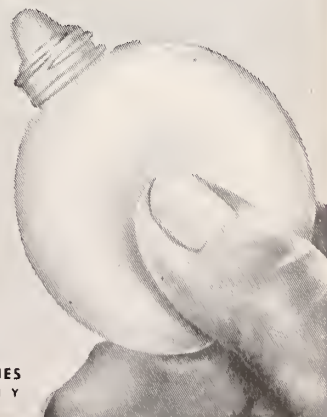
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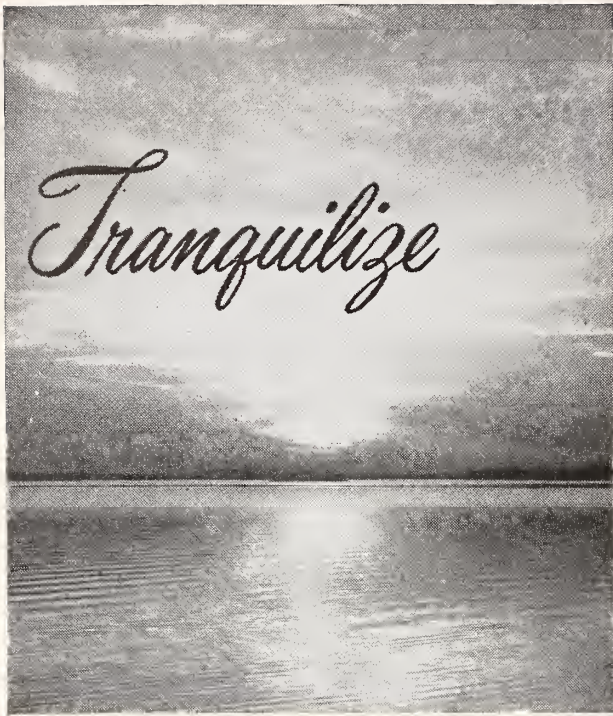
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infants and small children, this method carries the risk of rib fracture and lung puncture. For such patients, 'prone tilting-visceral shift' method is advised.

"Especially designed for children ranging in age from one week to two years and from seven to 28 pounds, and in length from 20 to 33 inches, this procedure involves digital maintenance of an airway, support of the head in midline position, and exertion of internal pressure, respiration being controlled by shifting of the abdominal viscera.

"Resuscitation must not be interrupted for any reason until the procedure has been performed for at least 15 minutes. There is some question as to how long artificial respiration should be continued if the patient shows signs of reviving. One doctor recommends a minimum of one hour. After the patient's respiration is established, artificial respiration should continue for some time."

### *Points to remember in aftercare:*

- The patient should be kept warm and dry.
- He should be given a whiff of spirits of ammonia which may temporarily help him breathe deeper.
- If his condition is good, he may be placed on his side to ease breathing movements and prevent regurgitation.
- Patient should be removed to the hospital as soon as possible, but must be handled with great care to prevent development of secondary shock.

The doctors' advice and urgings still are valid, the article states. In fact the physician cannot emphasize enough the adages "wait one hour after meals before swimming, don't swim if tired or overheated," and "don't ignore muscle cramps."

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# First Fall Postgraduate Course at I.U. on Cardiac Arrhythmias, Director Announces

*A* TWO-DAY COURSE on Cardiac Arrhythmias, September 23-24, will inaugurate the expanded series of postgraduate programs being offered by the Indiana University School of Medicine during the fall, winter and spring months.

In announcing this initial program, Dr. W. Donald Close, director of postgraduate education, said that a complete schedule of courses would be mailed to physicians of the state within the next few weeks. Further information on the Cardiac Arrhythmias course, including instruction on registration, etc., will also be distributed soon.

The initial course is fundamentally a review of the electrocardiographic diagnosis of the common arrhythmias and will also cover a few of the more unusual types. While basically a course

in electrocardiography, the discussions will involve clinical aspects as well as therapy.

Presenting the course will be Dr. Close, Dr. R. M. Nay, Dr. A. D. McKinley, Dr. Pasquale Genovese, Dr. R. H. Behnke, and Dr. C. E. Fisch, members of the Medical School faculty.

Topics to be discussed include:

Physiologic Properties; Drugs; Approach to the Problem; Sinus Mechanisms Including S-A Block; A-V Block; Auricular and Ventricular Premature Beats, not including Parasystole; Supra Ventricular and Ventricular Tachycardias including Ventricular Flutter and Fibrillation, not including Auricular Flutter and Fibrillation; Interference—Dissociation, a/Nodal Mechanisms, b/Auricular Nodal and Ventricular Escapes, c/Parasystole; Wolff-Parkinson-White Syndrome and Fusion Beats; Auricular Flutter and Fibrillation; Unusual Tracing—Chaotic Heart Action; and, Questions and Answers.

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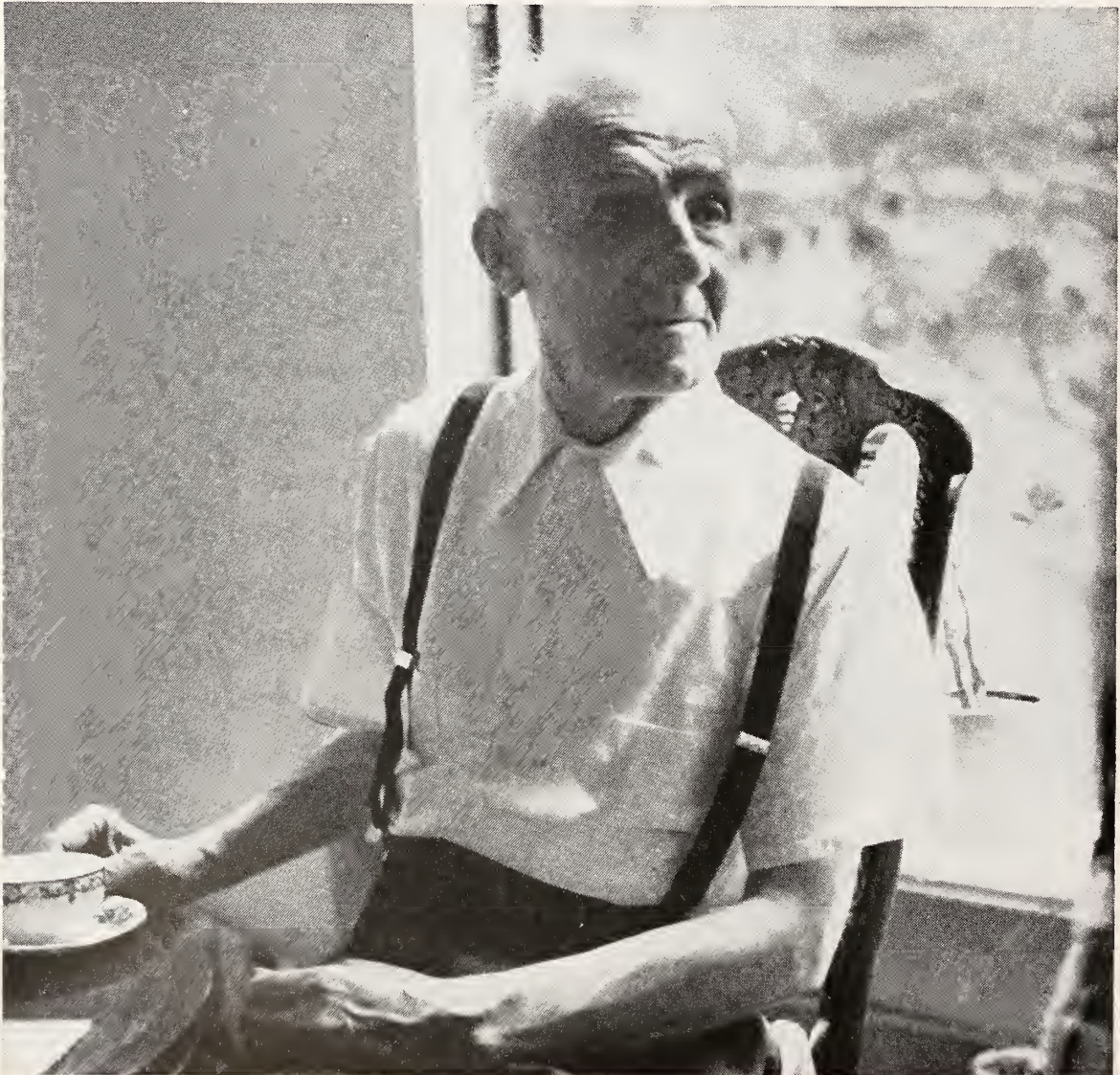
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## Fifty Years Ago . . .

“*A*CU TE SUMMER DISEASES of Children” was the title of a paper presented at a county society meeting just 50 years ago this month . . . a subject timely then and now. The authority covered the field . . . acute intestinal indigestion, acute gastroenteritis, cholera infantum, ileocolitis. The cause, he said, was over-feeding in a majority of the cases. The treatment, he prescribed, was listerine, opium, capsicum, bismuth, castor oil, and flushing the colon.

All or nothing at all seemed to be his motto.

One question arises . . . did any of the children live or were their lives saved by the stomach's rejection of the awful mess?

— 50 —

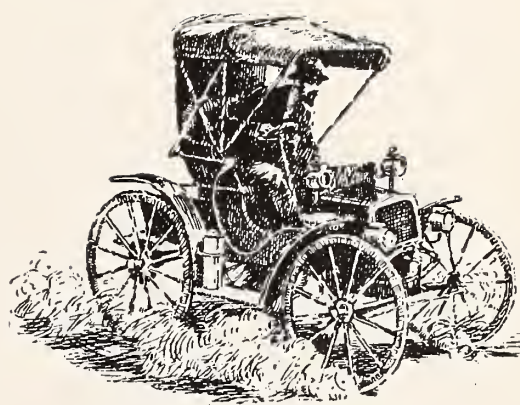
And speaking of county society meetings . . . how frequently did the societies meet in those days and how many attended?

A quick survey shows 14 societies meeting every week . . . most popular meeting nights were Tuesdays, Thursdays and Fridays. Meeting once a week were Allen, Clark, Decatur, Fayette, Fountain, Fulton, Jennings, Johnson, Marion, Morgan, Rush, St. Joseph, Vigo and Wayne counties. Several others met twice a month, a few met only on call of the president, none skipped the summer months entirely, but one, Carroll County, held no meetings in December, January and February, prompted to omit them, no doubt, by hazardous road conditions, lack of proper transportation, and the heavy patient load during those months.

Attendance at mid-summer meetings . . . no air-conditioning . . . was unusually high. Allen county reported 26 members present at a regular meeting, Delaware county 24, Elkhart county 26, Franklin county, two-thirds of the members; Green county 12, and Jefferson 9.

— 50 —

In May 50 years ago the Fort Wayne Medical Society adopted a resolution to be presented to the State Association seeking to have the



annual meetings scheduled for fall to escape the intense heat of early summer.

— 50 —

That was the year, too, when six deaths were reported in the August issue of *The JOURNAL*. The causes were listed as “suffered four weeks with pneumonia”, “gastroenteritis”, “accidental drowning”, “pyemia from carbuncle on neck”, “three-year illness from accident when buggy was struck by a street-car causing general paresis”, and “diabetes (the doctor had known the nature of his malady and that he could not long survive).”

No heart disease . . . no cancer.

— 50 —

The staff for Indiana University School of Medicine was announced by the trustees. The following surnames read like a brilliant chapter in the history book of the medical profession in Indiana: Maxwell, Hodges, Clark, Barnhill, Myers, Jameson, McCaskey, Burkhart, Earp, Kahlo, Potter, Kimberlin, Dorsey, Ritter, Wynn, Dodds, Shearer, Drayer, Taylor, Lambert, Keller, Torian, Hutchins, Reyer, Sterne, Neu, Todd, Foreman, Schaefer, Haas, Hurty, Norris, Ford, Oliver, Porter, Eastman, Wells, Austin, Ross, Allen, Wishard, Sutcliffe, Charlton, Moore, Cook, Sexton, Graham, Kennedy, Given, Wheeler, Brayton, Cole, Lindermuth, Bulson, Hood, Morrison, Parker, Heath, Cline, Kyle, Whee-



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lock, Masters, Page, Wales, Pfaff, Eastman, Noble, Pantzer, Kennedy, McAlexander, Davis, Hatfield, Tahn, Link, Pfaff, Ferguson, Beckman, Morris, Jones, Barnert, Robinson, Durham, Petersdorf, Woods, and Gross.

— 50 —

Dr. George Daniels of Marion was elected president of Grant County Medical Society . . . a stepping stone to the State Association presidency in 1926 . . . and a long career as a delegate to ISMA.

— 50 —

Five scholarly papers were published in August 50 years ago. Techniques and therapy may have changed in the intervening years but the fine writing and discussion remain intact.

Subjects and authors were: "The Diagnosis and Treatment of Fluctuating Tumors of the Female Pelvis", by Geo. H. Grant, M.D., Richmond; "Technique of Hare-Lip and Cleft Palate Operations", by Joseph Rilus Eastman, M.D., Indianapolis; "The Early Diagnosis of Inguinal Hernia", by B. Van Sweringen, M.D., Fort

Wayne; "The Puerpal Perineum: Its Protection and Repair" by Maurice Rosenthal, M.D., Fort Wayne; and "Reasons for the Radical Operation in Inguinal Hernia", by Thomas B. Eastman, M.D., Indianapolis.

— 50 —

Fifty years ago the House of Delegates made some memorable decisions . . . the annual meeting was changed to late September or October . . . the fiscal year of the Association set as January 1 through December 31 . . . and the time-consuming reading of annual reports of officers and committees dispensed with and publication prior to convention substituted.

j.s.g.

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• PATHIBAMATE... "will favorably influence a majority of subjects suffering from various forms of gastrointestinal neurosis in which spasmodic manifestations and nervous tension are major clinical symptoms."<sup>7</sup>

• "In the patients with functional disturbances of the colon with a high emotional overlay, this has been to date a most effective drug."<sup>5</sup>

**References:** 1. Borrus, J. C.: *M. Clin. North America*, In press, 1957. 2. Gillette, H. E.: *Internat. Rec. Med. & G. P. Clin.* 169:453, 1956. 3. Pennington, V. M.: *J.A.M.A.*, In press, 1957. 4. Cayer, D.: Prolonged Anticholinergic Therapy of Duodenal Ulcer. *Am. J. Dig. Dis.* 1:301-309 (July) 1956. 5. McGlone, F. B.: Personal Communication to Lederle Laboratories. 6. Texter, E. C., Jr.: Personal Communication to Lederle Laboratories. 7. Bauer, H. G. and McGavack, T. H.: Personal Communication to Lederle Laboratories.

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# DISEASE PREVENTION by Immunization and Chemoprophylaxis\*

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection
Cholera	Cholera Vaccine	Adults	—0.5 cc. subcutaneously followed by 1.0 cc. in 7 days.	Active	6 months	0.12-1.0 cc. according to age every six months in endemic areas.
Diphtheria	Diphtheria Antitoxin	Children: 6 months to 2 years 3-6 years 7-10 years 11 years and older	Three subcutaneous injections given 7-10 days interval. (1) 0.06 cc.; (2) 0.12 cc.; (3) 0.12 cc. (1) 0.12 cc.; (2) 0.25 cc.; (3) 0.25 cc. (1) 0.25 cc.; (2) 0.5 cc.; (3) 0.5 cc. Adult schedule			
Diphtheria	Diphtheria Antitoxin	All early cases	Usually intramuscular if seen within 48 hours of onset. Warning: Test for sensitivity to horse serum. May be used intravenously in severe nasopharynx cases. Dosage dependent on degree of toxicity rather than age and weight. 10,000 units to 75,000 units.	Passive	Short	Additional antitoxin given dependent upon illness and toxicity.
Diphtheria	Diphtheria Toxoid (fluid or alum precipitated or aluminum phosphate adsorbed, for adult use)	Children older than 11 years and adults	Two intramuscular injections of 0.5 cc. each, four to six weeks apart for primary immunization or if individual has not had a booster dose of vaccine for 3 years.	(If toxoid is given then active immunity develops.)	Indefinite	0.5 cc. every year.
Diphtheria	Diphtheria-Pertussis-Tetanus alum precipitated or aluminum hydroxide (or aluminum phosphate) adsorbed diphtheria and tetanus toxoids; containing 12 protective antigenic units of vaccine per 1.5 cc. (DPT)	Children under 5 years	(1) First dose of 0.5 cc. deep intramuscularly—follow injection with 0.1-0.2 cc. air. Given 1-3 months age. (2) Second dose of 0.5 cc. deep intramuscularly one month after first dose. (3) Third dose of 0.5 cc. deep intramuscularly one month after 2nd dose. (4) If 1st dose given earlier than 3 months of age, then give fourth dose 2-3 months after series completed.	Active	Indefinite	D. P. T. booster of 0.5 cc. at 12 to 18 months and 4-5 years. After 5 years booster dose of 0.5 cc. Diphtheria Tetanus Toxoid every 3 years to age 11 years.
Diphtheria	Diphtheria Tetanus Toxoid alum precipitated or aluminum hydroxide (or aluminum phosphate) adsorbed	Children over 5 years and up to 10 years	(1) First dose of 0.5 cc. deep intramuscularly, follow injection with 0.1-0.2 cc. air. (2) Second dose of 0.5 cc. deep intramuscularly—follow injection with 0.1-0.2 cc. air.	Active	Indefinite	Diphtheria Tetanus booster 0.25 cc. to 0.5 cc. Caution: Do not give to children past 10 years of age.
Diphtheria	Diphtheria Toxoid Pertussis Vaccine Tetanus Toxoid Fluid	Rapid immunization of children under 10 years	Three doses of 0.5 cc. given subcutaneously at intervals of 3-4 weeks. In face of epidemic injections may be given at one week intervals.	Active	Antigenic response lower than with the alum preparations and does not last as long.	0.5 cc. every 2 years.



Diphtheria	Diphtheria Toxoid Tetanus Toxoid Fluid	Rapid immunization under 10 years	Three doses 0.5 cc. given subcutaneously at intervals of 3-4 weeks. In face of epidemic injections may be given at intervals of one week.	Active	Antigenic response lower than with alum preparations and does not last as long.	0.5 cc. every 2 years.
Hepatitis, Infectious (Epidemic)	Immune Serum Globulin (Gamma Globulin)	All exposed in house- hold, institution, etc.	Dosage: 0.01 cc. per pound of body weight. Given intramuscularly.	Passive	Brief	Repeat each exposure.
Influenza	Polyvalent Vaccine	Use during epidemics	Give total of 1.0 cc. in the course of one week.	Active (in 70% + immunized)	Short: 3-4 months	Repeat primary injection.
		Children	1.0 cc. subcutaneously.			
		Adults	Warning: Precautions must be taken in indi- viduals sensitive to egg protein. (Note: There is less chance of local or systemic reaction if only 0.1 cc. is given intradermally.)			
Measles (Rubeola)	Immune Serum Globulin (Gamma Globulin)	Complete passive immunity children under one year; children ill with chronic disease or healthy child whose siblings are ill with chronic disease	Dosage 0.2 cc. per pound of body weight given prior to 6th day after exposure. Given intra- muscularly.	Passive	Very brief	Repeat each exposure.
		Incomplete immunity or modification in all other children	Dosage 0.05 cc. per pound of body weight before 6th day after exposure; if given after 6th day use dose of 0.1 cc. per pound of body weight. Given intramuscularly.	Partial passive. Child has modified disease and develops active immunity	For life if disease was modified and not prevented.	
Measles, German (Rubella)	Immune Serum Globulin (Gamma Globulin)	Pregnant females exposed during the first trimester	Dosage: 0.1 cc. per pound of body weight. Given intramuscularly.	Passive	Very brief	Repeat each exposure if pregnant.
Meningococcic Meningitis	Sulfadiazine	Control of exposed persons in community groups Children up to 11 yrs.	0.5 m. twice daily for 2 days.	None Chemical prophy- laxis only	Very brief—for one exposure only.	Repeat following each exposure.
		Adults (and children 12 yrs. or over)	1.0 gm. twice daily for 2 days.			
Mumps	Mumps Vaccine	Adults exposed to case and with negative history of having had mumps	Warning: Check on sensitivity to egg protein. Two injections given 5 to 10 days apart of 1.0 cc. each subcutaneously.	Active	Brief	Previously immunized persons may be given booster dose of 0.5 to 1.0 cc. subcutaneously.

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection
Pertussis	Pertussis Vaccine saline suspended (See Double and Triple antigens under "Diphtheria")	Children during epidemic	A total of 12 N. I. H. units divided into 3 equal doses of 4 N. I. H. units (0.5 cc.) given subcutaneously at intervals of one week.	Active	Indefinite	1 year after primary series, 2 years after primary series and then every three years to 6 or 7 years of age.
	Pertussis Vaccine alum precipitated or aluminum hydroxide adsorbed (See Double and Triple antigens under "Diphtheria")	Routine immunization of infants when DPT is contraindicated	A total of 12 N. I. H. units divided into 3 equal doses of 4 N. I. H. units each (0.5 cc.) injected intramuscularly at intervals of 4 to 6 weeks.	Active	Indefinite	18 months—3-4 years. 6-7 years usually given as DPT.
Plague	Plague Vaccine—a suspension of 2000 million killed Pasteurella per milliliter	Exposure Recall		Active	Indefinite	4 NIH units (0.5 cc.) saline suspension subcutaneously if child has not had immunization past 2 years.
		Epidemics and areas with high endemic rate. Adults: Children: 6 months-2 years 2 years-6 years 6 years-10 years	Two injections subcutaneously 7-10 days apart. First injection 0.5 cc.; second, 1.0 cc. 0.06 cc.; 0.12 cc.; 0.12 cc. 0.12 cc.; 0.25 cc.; 0.25 cc. 0.25 cc.; 0.50 cc.; 0.50 cc.	Active	Partial protection for period of 4-6 mos.	1.0 cc. every 4 months as long as danger of epidemic exists.
		Restricted to age groups 1 to 19 years and pregnant females any age	Two injections each 1.0 cc. given intramuscularly at interval of 1 month.	Active	Partial protection for period of 4-6 mos.	Booster dose for children is same as first dose at initial series.
Poliomyelitis	Poliomyelitis (Salk) Vaccine					Booster dose of 1.0 cc. intramuscularly given 7 months after second dose.
		Licks of abraded skin or mucosa by proven rabid, suspicious, escaped, killed or unknown animal	Hyperimmune serum within 24-72 hours of exposure. Follow within 24 hours with Rabies Vaccine.	Passive immunity from hyperimmune serum	Few weeks	Repeat initial dose hyperimmune serum.
Rabies	Rabies—hyperimmune serum 1000 units per pound of body weight Rabies Vaccine 7-14 doses	Bites of healthy animal, multiple, or face or head bites	Hyperimmune serum. Start vaccine but stop if animal remains normal for 3 days.	Active immunity from rabies vaccine	Indefinite	Rabies vaccine prepared according to Semple method—should not repeat full course—one to 3 injections probably sufficient. More hazardous Egg embryo vaccine—give one injection.
		Bite of healthy animal, other than head or neck	No treatment. If animal becomes suspicious during 14 days observation give serum and vaccine at first suspicious signs.			



Rocky Mountain Spotted Fever	Rocky Mountain Spotted Fever Vaccine	Bites—animal rabid, escaped, killed, unknown or any bites by any wild animal	Start treatment immediately using hyperimmune serum followed by 7-14 doses vaccine depending upon whether single or multiple bites and location.	Active	One year	1.0 cc. booster annually
Smallpox	Smallpox Vaccine (Vaccinia virus)	Not routinely recommended since advent of specific antibiotic therapy. May be used in areas of high incidence among persons of high risk.	Adults: 3 injections each 1.0 cc. subcutaneously or intramuscularly at intervals of one week. Children—under 10 years three injections each 0.5 cc. subcutaneously or intramuscularly at intervals of one week.	Active	Indefinite, average 3 years	Repeat every 4th year.
Tetanus	Tetanus Antitoxin	Children and adults	Begin at 5-12 months. Administered by multiple pressure technique skin over insertion of left deltoid.	Active	10 days	Repeat with each injury. Because of hazard to horse serum active immunization with toxoid preferred.
	Tetanus Toxoid, depot (alum precipitated or adsorbed) (See Double and Triple antigens under "Diphtheria")	All cases of puncture wounds and animal bites when person has not been immunized or more than 2 years since last booster.	Caution: Skin test first for serum sensitivity. Intramuscular injection of 10,000 units antitoxin.	Passive		
		All	Two doses, each 0.5 cc. given intramuscularly, at least one and preferably 2-3 months interval.	Active	At least 4 years	0.5 cc. end first year, then—booster every 2-4 years. Satisfactory recall response after 10 years but is too slow in case of injury. Emergency booster if injured.
	Tetanus Toxoid, Fluid (See Double and Triple antigens under "Diphtheria")	All	Three doses, each 0.5 cc., subcutaneously or intramuscularly at one month and preferably 2-3 months between doses.	Active	At least 4 years	0.5 cc. end first year, then—booster every 2-4 years. Satisfactory recall response after 10 years but is too slow in case of injury. Emergency booster if injured.
Typhoid Fever	Typhoid Vaccine Triple vaccine containing 1000 million <i>S. typhosa</i> and 250 million each of paratyphoid A and B per cc.	All persons living in or traveling to areas where disease is endemic or insanitary conditions exist.	Adults Three doses, each 0.5 cc. subcutaneously not less than 7 days or more than 28 day intervals between doses. An alternate method is: 0.1 cc.; 0.15 cc. and 0.2 cc. given intradermally not less than 7 nor more than 28 days between doses. Children 6 mo.-2 yr.—(1) 0.06 cc.; (2) 0.12 cc.; (3) 0.12 cc. 2 yr.- 6 yr.—(1) 0.12 cc.; (2) 0.25 cc.; (3) 0.25 cc. 6 yr.-10 yr.—(1) 0.25 cc.; (2) 0.50 cc.; (3) 0.50 cc.	Active	Indefinite—usually at least one year	Persons traveling or living in insanitary areas should receive booster of 0.1 cc. intradermally or 0.5 cc. subcutaneously annually. Children's annual booster the same dose as initial dose of each series.

<b>Disease</b>	<b>Agent Used</b>	<b>Recommended For</b>	<b>Method of Administration</b>	<b>Type of Immunity</b>	<b>Duration of Protection</b>	<b>Booster Injection</b>
<b>Typhus Fever</b>	Typhus Fever Vaccine	All persons traveling to or living in areas where epidemic typhus exists.	<b>Adults</b> Two doses, each 1.0 cc. at intervals of 7-10 days given subcutaneously. Allergy to egg or chicken protein only contraindication. <b>Children</b> Three doses each: 6 mos.-2 yrs.: 0.12 cc. 2 yrs.-6 yrs.: 0.25 cc. 6 yrs.-10 yrs.: 0.50 cc.	Active	Relative 3-6 months	<b>Adults</b> Routine every 6 months dose of 1.0 cc. given subcutaneously or whenever threat of outbreak occurs. <b>Children</b> Same dose as in initial series.
<b>Yellow Fever</b>	Yellow Fever Vaccine* (Obtainable only at U. S. P. H. S. Hospital or Yellow Fever Immunization Depots. See footnote where obtainable in Indiana.)	All persons traveling in or through or living in endemic areas. Should receive vaccine 10 days before arrival in area.	One dose 0.5 cc. of a 1:10 dilution of concentrated vaccine, freshly prepared. Given subcutaneously. Should not be given to person ill with virus disease or at same time cowpox virus is given. Children's dose—same as adult.	Active	6 years or longer	As required at present every 6 years repeat immunization. In presence of epidemic repeat primary immunization.

\*While many contraindications are listed for various biologicals it should be recognized that in the interest of brevity it was impossible to give all details. In case of doubt consult standard reference for detailed description of biological in question and/or pharmaceutical company's circular accompanying original package of biological.

All of the biologicals listed may be obtained through normal supply channels with the exception of Yellow Fever Vaccine. Because of hazards if yellow fever vaccine is improperly handled it can only be obtained from U. S. P. H. S. depots. In Indiana these depots are:

Department of Microbiology  
Indiana University School of Medicine and Hospital  
1100 West Michigan Street  
Indianapolis 7, Indiana

and

Elkhart County Health Department  
200 Harrison Street  
Elkhart, Indiana

1st or 3rd Wednesday each month 2 p.m.  
Telephone 26525

Physicians having patients requiring yellow fever immunization should advise person to call or write one of above as inoculations are given by appointment only on one day a week. There is a fee to cover vaccine and administration.

(Revised)

A. L. MARSHALL, JR., M.D., Director  
Division of Communicable Disease Control  
Indiana State Board of Health



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# Deaths . . .

**Arthur Dale Huffman, M.D.**, 73, died June 15 in the farm home near Acton where he was born. He had been in retirement since 1950 because of ill health.

Dr. Huffman received his degree in medicine from Indiana University School of Medicine in 1917. During World War I he served as a lieutenant in the U.S. Navy Medical Corps in France and following the war established his medical practice in South Bend. For 31 years he remained there, active in his profession, lodge, church and floricultural groups. He served as president of St. Joseph County Medical Society.

For many years, Dr. Huffman had been interested in flowers. When he retired he built greenhouses at his farm and grew rare varieties of orchids and other unusual plants, which he gave to his friends and neighbors.

Dr. Huffman was a member for many years of St. Joseph County Medical Society and the Indiana State Medical Association and retained his membership in the American Medical Association.

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**Waldo C. Farnham, M.D.**, 75, retired South Bend physician, died June 24.

Dr. Farnham was graduated from Northwestern University College of Medicine, Chicago, in 1910. He established his practice in Fort Wayne in 1912 and remained there until he entered service in 1917. In 1919 he went to South Bend and had been in practice there until he retired.

Dr. Farnham was a former member of St. Joseph County Medical Society and the Indiana State Medical Association.

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**Thomas Z. Ball, M.D.**, retired Crawfordsville physician, died June 19 in his home. He was 89 years old.

A native of Waveland, Dr. Ball was graduated from Rush Medical College, Chicago, in

1895. He was a general practitioner in Montgomery county for more than 50 years prior to his retirement about 10 years ago. He established his practice in Waveland but had been in Crawfordsville 44 years. He was a veteran of both the Spanish-American War and World War I.

Dr. Ball was a senior member of Montgomery County Medical Society and the Indiana State Medical Association. He was also a Fifty Year Club member of ISMA, and a member of the American Medical Association.

---

**William Henry Mikesch, M.D.**, 78, died in St. Joseph Hospital, South Bend, June 25. He had been in ill health for several years and hospitalized for 10 days.

Dr. Mikesch, a native of Dubuque, Iowa, was a 1913 graduate of St. Louis University School of Medicine. He established his practice in Hammond the following year. He served as a lieutenant in the Army Medical Corps during World War I and at its close established his South Bend practice. Dr. Mikesch was deputy county coroner for six years.

He was a member of St. Joseph County Medical Society, the Indiana State and American Medical Associations and held memberships in fraternal, lodge and patriotic organizations.

---

**William M. Kelly, M.D.**, 39, died July 7 in Community Hospital, Indianapolis. He had been in practice in Irvington since 1949.

Dr. Kelly was born in Goshen but had lived in Indianapolis since 1939. He was graduated from Indiana University School of Medicine in 1942, served a year's internship at Indianapolis City Hospital and then entered the U.S. Army Medical Corps. From 1943 until 1946 he served in Europe, first as battalion surgeon with the field artillery and later as squadron surgeon with the cavalry. Returning to Indianapolis he

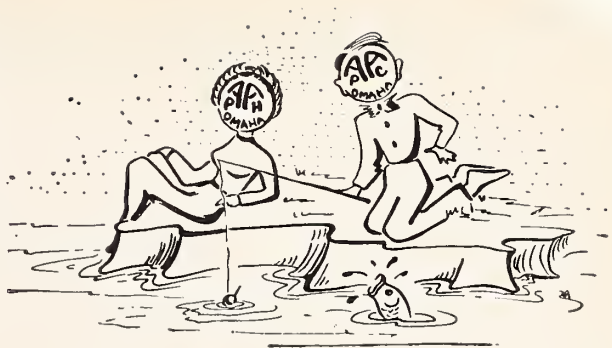


served a surgical residency at Indianapolis City Hospital before opening his Irvington office.

Dr. Kelly was a member of the Indianapolis Medical Society, the Indiana State Medical Association, American Medical Association, and American Academy of General Practice. He was a director of Community Hospital.

Edward C. Helwig, M.D., 72, died at his Indianapolis home July 1.

Born in Indianapolis, Dr. Helwig received his degree in medicine from Indiana University School of Medicine in 1908 and was licensed that year. He served an internship at the old Deaconess Hospital. During World War I, Dr. Helwig was a captain in the United States Public Health Service. He retired in 1950 after 20 years service as a Veterans Administration physician, having filled assignments in Indianapolis and Augusta, Maine. He was consulting physician for the Indiana Reformatory at Pendleton.



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# NEWS NOTES—from State and Nation

## Five Indiana Physicians Receive OB-GYN Certification

The American Board of Obstetrics and Gynecology certified the following Indiana physicians May 25: Drs. Robert B. Cochran, Muncie; John C. Jarrett, Marion; Donald S. Painter, Fort Wayne; John W. Rousseau, Fort Wayne; and Alexander Shevick, Gary.

A total of 302 physicians were certified on that date from throughout the United States, Hawaii and Puerto Rico.

**Dr. Jack L. Titus**, who has been in general practice in Rensselaer for the last four years, closed his office there July 13 and has gone to the Mayo Clinic, Rochester, Minnesota, where he will enter a residency.

**Dr. Robert W. Greene**, Columbus, Ohio, will take over Dr. Titus' practice about August 1 after remodelling the office. He is a graduate of Ohio State University College of Medicine and has just completed his internship at Mt. Carmel Hospital, Columbus.

**Dr. John Hines** and **Dr. Robert L. Irick**, graduates of Indiana University School of Medicine who recently completed internships at Indianapolis General Hospital, have opened offices in the Hines Building, in Auburn where they will practice general medicine.

**Dr. Glenn H. Speckman**, has reopened his office at 2120 East 10th Street, Indianapolis, following completion of a two year tour of duty in the U. S. Navy. Dr. Speckman had been in practice one year before entering service.

**Dr. Charles Matheus**, who has been in general practice in Union City, is now serving a residency in eye surgery at Indiana University Medical Center. Dr. and Mrs. Matheus and their two daughters have moved to Indianapolis from Union City.

**Dr. Earl Kenneth Williams**, a graduate of the University of Louisville School of Medicine, recently joined the Jasper County Hospital staff as radiologist. Dr. Williams served his intern-

ship and a two year residency at St. Elizabeth's Hospital, Lafayette. He came to Rensselaer from Cochran Veterans' Administration Hospital at St. Louis. He is a diplomate of the American Board of Radiology. Dr. and Mrs. Williams and their two sons are living at 619 Dean's Place, Rensselaer.

**Dr. Thomas A. Beck**, a native of Marion, began the practice of medicine July 8 in Swayzee in offices formerly occupied by Dr. P. C. King, who died recently after practicing in Swayzee for many years.

Dr. Beck was graduated from Indiana University School of Medicine in 1956. He completed his internship at St. Vincent's Hospital, Indianapolis, July 1. Dr. and Mrs. Beck have an apartment in the Hathaway Building in Swayzee.

## South Bend Physician Honored by Citizenry for Long Service

Dr. Stanley A. Clark, 79 year old South Bend radiologist and surgeon, now retired, was honored recently at a testimonial dinner in recognition of his 44 years service as a member of the board of managers of Healthwin Hospital, county tuberculosis treatment center. Dr. Clark had served on the board since he helped organize Healthwin Hospital in 1913. He retired from that post this year.

Several hundred South Bend citizens attended the dinner, just as they had done a year ago when Dr. Clark was the guest of honor at a civic dinner arranged as a tribute to his long career in his profession and to his many philanthropies.

Dr. Clark was not only active in establishing the tuberculosis hospital, but was one of the organizers of the South Bend Medical Laboratory, now the South Bend Medical Foundation, and the St. Joseph County Cancer Society.

**Dr. G. K. Washington**, Gary physician for seven years, was recently named president of the Gary Board of Health. He has been a member of the board since 1955. Dr. Washington is a 1944 graduate of I. U. School of Medicine.



An **International Conference of Ultrasonics in Medicine** will be held September 6 and 7 in the Statler Hotel, Los Angeles. Sponsored by the American Institute of Ultrasonics in Medicine the meeting will cover the biological and physiological principles, as well as the clinical aspects of ultrasonics in medicine. A round table conference will cover all of these phases. Representatives from Europe, South America and Japan will participate in the conference.

Details of the meeting may be obtained by writing Dr. John H. Aldes, Secretary-Treasurer, Cedars of Lebanon Hospital, 4833 Fountain Avenue, Los Angeles 29, California.

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### **Annual Competition for Urology Award Announced**

The American Urological Association offers an annual award of \$1,000 (first prize of \$500, second prize \$300, and third prize, \$200) for essays on the result of some clinical or laboratory research in urology. Competition shall be limited to urologists who have been graduated not more than 10 years, and to hospital interns and residents doing research work in urology.

The first prize essay will appear on the program of the forthcoming meeting of the American Urological Association to be held at the Roosevelt Hotel, New Orleans, April 28-May 1, 1958.

For details write William P. Didusch, Executive Secretary, 1120 North Charles Street, Baltimore 1, Maryland. Essays must be received by Mr. Didusch before December 1, 1957.

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### **Nation's Oldest Essay Contest Sponsored by Rhode Island Society**

The trustees of America's oldest medical essay competition, the Caleb Fiske Prize of the Rhode Island Medical Society, announce as the subject of this year's essay, "Hormonal Relationships in Breast and Prostatic Cancer—Their Practical Application".

The paper must be typewritten, double spaced, and should not exceed 10,000 words. A cash prize of \$350 is offered. Essays must be submitted by December 31, 1957.

For complete information regarding the regulations write to the Secretary, Caleb Fiske Fund, Rhode Island Medical Society, 106 Francis Street, Providence 3, Rhode Island.

### **Indiana Orthopaedic Society Succeeds Indianapolis Group**

On June 12 the Indianapolis Orthopaedic Society, organized in 1953, was disbanded and an Indiana Orthopaedic Society organized to succeed it. The new society has 54 charter members.

Following the organization meeting and election of officers in the Meridian Hills Country Club, Indianapolis, the group was addressed by Dr. David M. Bosworth, New York City, president of the American Orthopaedic Association.

Officers elected were: President, Dr. Gordon W. Batman, Indianapolis; vice president, Dr. Robert B. Acker, South Bend, and secretary-treasurer, Dr. Henry S. Tanner, Indianapolis.

Purposes of the organization, quoting from its Constitution, are: "(a) The mutual benefit of its members by the study and discussion of orthopaedic surgery; (b) The encouragement and supervision of the highest degree of skills and of ethics in the practice of orthopaedic surgery in the State of Indiana."

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vomiting...

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BRAND OF MECLIZINE HYDROCHLORIDE

\*Trademark

## Ohio Academy of General Practice Announces Scientific Assembly

The following program will be presented September 18-19 at the Seventh Annual Scientific Assembly sponsored by the Ohio Academy of General Practice in the Franklin County Veterans Memorial, Columbus, Ohio. Twelve hours of postgraduate credit will be allowed AAGP members for attendance, according to an announcement by Dr. Earl D. McCallister, executive secretary, 209 South High Street, Columbus 15, Ohio.

### Wednesday, September 18

9 a.m.—“Current Problems in the Treatment of Infection”

Morton Hamburger, M.D., Cincinnati

9:45—“The Art of Treatment with Tranquilizing Drugs”

Frank J. Ayd, Jr., M.D., Baltimore

11:15—“Rehabilitation of the Hemiplegic Patient”

Paul A. Nelson, M.D., Cleveland

1:30—“Cervical Biopsies in Office Practice”  
Malcolm L. Barnes, M.D. and George S. Allen, M.D., Louisville

3:00—“The Allergic Patient, His Problems, Office Diagnosis and Treatment”  
(Emphasis on bronchial asthma)

Nathan E. Silbert, M.D., Lynn, Mass.

3:45—“Intra-Articular and Peri-Articular Injections with Hydro-Cortisone in the Office”

J. I. Kendrick, M.D., Cleveland

Banquet—“Both Doctors and Patients Are Humane Beings”

Edward H. Ryneerson, M.D., Rochester, Minn.

### Thursday, September 19

9 a.m.—“Athletic Injuries”

Richard Patton, M.D., Columbus

9:45—“The Irritable Child”

James L. Dennis, M.D., Oakland, Calif.

11:15—“New Methods for the Treatment of the Arteriosclerotic Heart”

Walter L. George, M.D., Cleveland

1:30—“Gynecological Disease in Adolescents and Children”

Edward Allen, M.D., Chicago

3:00—“Cosmetic Dental Problems in the Growing Child”

John E. Aldrich, D.D.S., Columbus

3:45—“Behavior Problems in Adolescent Children”

Louis J. Wise, M.D., Cincinnati



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CAN  
WALK  
AGAIN**

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The 1957 annual convention of the **National Society for Crippled Children and Adults** will be held October 31 to November 2 in Chicago's Palmer House. Prominent authorities who specialize in the rehabilitation of crippled children and adults as well as lay persons interested in non-scientific aspects of the work will participate in the meeting. Dr. James B. Johnson, Newark, Ohio orthopedic surgeon, is chairman of the 1957 convention. Dr. Dean W. Roberts is executive director of the society with headquarters at 11 South LaSalle Street, Chicago 3, Illinois.

Effective September 1, the **National Library of Medicine** will no longer lend materials to individuals on a direct basis for use



# Alleviate Dust Allergy in the home

Thanks to Filter Queen's remarkable air purifying action, patients with dust allergies enjoy fast relief right in their own homes. Dust allergic housewives report complete freedom from dust irritation, even during heavy household work. Filter Queen is an entirely different kind of appliance that utilizes an unique, highly effective Sanitary Filter Cone to obtain protection against dust and dirt in the home. It will actually collect matter as *fine as smoke* and return clean filtered air into the room! Unbiased, scientific proof of Filter Queen's air purifying efficiency is shown by a recent report from the Biological Sciences department of an eastern university which states: "*The Filter Queen cellulose Filter Cone removes practically all dust and atmospheric pollen.*"\* A free Filter Queen demonstration will gladly be arranged at your convenience. Phone your local Filter Queen Distributor or write Health-Mor, Inc., 203 N. Wabash Ave., Chicago 1, Ill.



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**HEALTH-MOR, INC.**  
Chicago 1, Ill.



Filter Queen carries the seals of Good Housekeeping Magazine, Parents Magazine, Rice Leaders of the World, Underwriters' Laboratories, and is advertised in the A.M.A.'s "Today's Health."



\*Report on file in offices of Health-Mor, Inc.



outside the building. All requests must be channeled through other libraries. The National Library of Medicine will decide whether to fill interlibrary loans by sending the original works or furnishing microfilms or photoprints.

**10-Year Grant Given Johns Hopkins For Respiratory Tract Research**

Joint announcements have been issued by Dr. Milton Eisenhower, president of Johns Hopkins University, and E. L. Mabry, president of Vick Chemical Company and its subsidiaries, The National Drug Company of Philadelphia and the Wm. S. Merrill Company of Cincinnati, concerning a 10-year grant totaling \$1,056,000 made to the Johns Hopkins University School of Hygiene and Public Health by the National Drug Company.

The grant became effective July 1 and will provide for a project under the direction of Dr. Winston H. Price, associate professor of epidemiology and biochemistry at the Hopkins

School, and an internationally known authority on research in rickettsial and virus diseases.

Dr. Price will carry out research in the field of upper respiratory tract diseases, the common cold, streptococcal infections of the upper respiratory tract and complications resulting from such infections, particularly rheumatic heart disease.

**Dr. Lloyd R. Studebaker**, LaGrange, left July 2 for Garkida, Nigeria, West Africa, where he will serve as a resident physician for four months at the Garkida Mission Hospital. He spent 12 years there and is returning because the hospital is without a physician. Mrs. Studebaker accompanied him to Africa.

**SKF Foundation Fellowships Awarded; Others Available**

The American Psychiatric Association announced the award July 8 of 19 Smith, Kline & French Foundation Fellowships in Psychiatry. Thirty-four undergraduates will benefit and will engage in projects ranging from a study of chemical functionings of the brain to an analysis of Seattle's high suicide rate. The SKF Foundation has given the American Psychiatric Association a grant of \$90,000 for the years 1955 through 1957 and the awards are administered by an APA committee under the chairmanship of Dr. Kenneth E. Appel, Philadelphia.

Applications for consideration in October must be received by the Fellowship Committee by September 16. Information and application forms may be obtained from the Fellowship Committee, Box 7929, Philadelphia, Pennsylvania.

**Dr. John A. Larson**, former superintendent of the Logansport State Hospital and more recently medical director of Wabash Valley Sanitarium, is now superintendent of Tennessee's maximum security mental hospital at Nashville. Nationally known as a psychiatrist and criminologist, Dr. Larson directs the mental health department's work of examination and treatment of criminals at the state prison in addition to directing the new maximum security hospital now nearing completion.



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Please send me \_\_\_\_\_ copies of the booklet *Eat and Grow Slim*. Contains table of calories, weight chart, suggested menus. All material has the approval of the American Medical Association.

Name....., M.D.  
Address.....  
City..... State.....



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Rauwolfia  
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# Harmonyl\*

combines the full effectiveness of the rauwolfias  
with a new degree of freedom from side effects

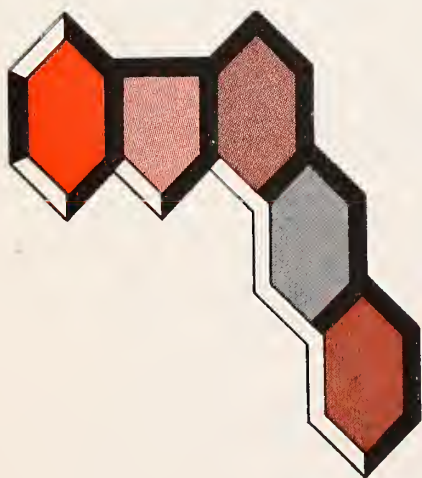
Harmonyl makes rauwolfia more useful in your everyday practice. Two years of clinical evaluation have shown this new alkaloid exhibits significantly fewer and milder side effects than reserpine. Yet, Harmonyl compares to the most potent forms of rauwolfia in effectiveness.

*Most significant: Harmonyl causes less mental and physical depression—and far less of the lethargy seen with many rauwolfia preparations.*

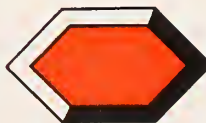
Patients became more lucid and alert, for example, in a study<sup>1</sup> of chronically ill, agitated senile cases treated with Harmonyl. And these patients were completely free from side effects—although a group on reserpine developed such symptoms as anorexia, headache, bizarre dreams, shakes, nausea.

Harmonyl has also demonstrated its potency and relative freedom from side effects in hypertension. In a study comparing various forms of rauwolfia<sup>2</sup>, the investigators reported deserpidine “an affective agent in reducing the blood pressure of the hypertensive patient both in the mild to moderate, as well as the severe form of hypertension.” They also noted that side reactions were “less annoying and somewhat less frequent” with this new alkaloid. Other studies confirm that few cases of giddiness, vertigo or sense of detached existence or disturbed sleep are seen with Harmonyl.

Professional literature on this unique rauwolfia derivative is available upon request. Harmonyl is supplied in 0.1-mg., 0.25-mg. and 1-mg. tablets. **Abbott**



**References:** 1. Communication to Abbott Laboratories, 1956. 2. Moyer, J. H. et al: Deserpidine for the Treatment of Hypertension, Southern Medical J., 50:499, April, 1957.



\* Trademark for Deserpidine, Abbott

### Medical Center Psychologist Retires from I.U. Faculty

Dr. Hazel Stevens, who has been closely identified with the Indiana University Medical Center for more than a quarter of a century, the last several years as the chief clinical psychologist, has retired from the faculty of the I. U. School of Medicine with emeritus status.

A graduate of Indiana University with A.B. and Ph.D. degrees, Dr. Stevens began her teaching experience while she was still a graduate student, holding classes for social work students in the State House Annex, then the location of the School of Medicine. Later she assisted in weekly clinics. In more recent years she was associated with the Child Guidance Clinic and did psychological testing of children as well as adults.

Dr. Stevens' professional contributions have not been limited to her duties at the Medical Center. For a number of years she has been a consultant to the Children's Bureau, the Family Service Association, the Health and Welfare Council and other agencies. She is a Fellow of the American Psychological Association, a mem-

ber of the Association of Clinical Psychologists, a member of the American Association of Social Workers, Phi Beta Kappa, Sigma Xi, and Zonta International.

Although Dr. Stevens now holds emeritus rank on the medical school faculty, she will continue her private practice of psycho-diagnostic testing of patients referred by physicians and her other activities in the community.

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**Dr. A. D. Dennison, Jr.**, Indianapolis, was recently elected a Fellow of the American College of Angiology. Dr. Dennison is currently serving as Governor of the American College of Cardiology for Indiana.

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**Dr. Harold F. Burdette** is now associated with Memorial Clinic, 3202 North Meridian Street, Indianapolis, after completing a two-year tour of duty in the U. S. Navy. He was discharged as a commander. Dr. Burdette is a 1942 I. U. School of Medicine graduate and interned at Methodist Hospital, Indianapolis. He resides at 5733 Broadway.



—one of the five Patient Units

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## Receive Fellowships in College of Chest Physicians

At the June 1 convocation of the American College of Chest Physicians in New York, Drs. W. Donald Close, Indianapolis; M. M. McDowell, Vincennes; Donald F. MacLeod, Indianapolis; and Dan L. Urschel, Mentone, received certificates of Fellowship in the College.

Attendance at the annual meeting reached a new record this year with 1,884 registrations.

## Dr. Verne K. Harvey to Return to Indiana

Dr. Verne K. Harvey, who set up the Civil Service Commission's medical division and served as its medical director for 17 years, left the agency June 28. He immediately began a three month orientation course at Mt. Alto Veterans Administration Hospital in Washington before becoming professional services director at the two Indianapolis VA hospitals. Dr. Harvey, an Indiana University School of Medicine graduate, was state health commissioner for Indiana for seven years before assuming his Washington post.

## South Bend Physician Retires After 47 Years

Dr. Clyde M. Fish, who has been a South Bend physician for 37 years and in practice for 47 years, retired June 29 and plans to spend his summers at Eagle Lake, Michigan, and winter at Deerfield Beach, Florida. He and Mrs. Fish will go to Michigan soon.

Dr. Fish established his practice in North Liberty after graduation from the Chicago School of Medicine and Surgery. He was in general practice until 1930 when he went to Vienna and London for special work. He had specialized in proctology since 1931.

Colleagues in the Sherland Building attended a farewell party in Dr. Fish's office the day before his retirement became effective.

**HELP TRAIN THE HAND  
THAT HEALS—**

## Academy of General Practice Elects Officers for Indiana

Dr. James L. Lamey, Anderson, assumed the presidency of the Indiana Academy of General Practice at the ninth annual Scientific Session of the organization. The meeting was held April 17 and 18 in Murat Temple, Indianapolis.

Dr. Floyd A. Boyer, Indianapolis, who served as this year's program chairman, was named president-elect by the delegates. Others selected for official posts were Dr. Edward C. Voges, Terre Haute, reelected vice-president; Dr. Frances T. Brown, Indianapolis, treasurer; Drs. J. D. Wilson, Evansville; Nelson A. Wolfe, New Albany; Jerome E. Holman, Jr., Indianapolis; Fred R. Malott, Converse; and William J. Gerding, Fort Wayne, new directors; Dr. Bernard E. Edwards, South Bend, delegate to the national convention of AAGP, and Dr. Francis L. Land, Fort Wayne, alternate delegate. Dr. Frank H. Green, Rushville, was named national delegate to fill the unexpired term of Dr. N. R. Booher.

Attendance at the two-day meeting set a record with 718 registered.

## Shoes and Arches

Careful consideration given to correct shoe fitting as well as padding, braces, bars, wedges, heels, extensions, and corrections. Built-in arches or transferable arches. Also good regular shoes for all the family, men, women, and children.



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Many come just to bathe in the mineral waters, getting away from business or social activities while others prefer going under the care of a physician for special hydrotherapy treatments.

HOME LAWN maintains a special diet kitchen, dietician, and physician in charge. Indoor recreational activities.

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M. C. PITKIN, M.D., *Director*

J. W. GIBBS, M.D.

*Information upon request*

HOME LAWN MINERAL SPRINGS

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# Society Reports

## INDIANA STATE MEDICAL ASSOCIATION

### EXECUTIVE COMMITTEE

April 27, 1957

Roll call showed the following present: James W. Denny, M.D., chairman; E. H. Clauser, M.D.; Elton R. Clarke, M.D.; M. C. Topping, M.D.; Guy A. Owsley, M.D.; O. W. Sicks, M.D.

Frank B. Ramsey, M.D., editor of The JOURNAL; Albert Stump and Robert Hollowell, attorneys; Robert Amick and Kenneth Bush, field secretaries; James A. Waggener, executive secretary.

Guest: Don C. Hawkins, assistant secretary, St. Paul Mercury Insurance Co., St. Paul, Minnesota.

Statements of Receipts and Expenditures for January, February and March for the Association, and for March, for The JOURNAL, were approved.

### Membership Report

Number of members April 26, 1957.....3,960\*  
Number of members April 26, 1956.....3,944  
Gain over last year.....16  
Number of members December 31, 1956.....4,049

\* Includes 85 in military service (gratis)

130—\$10 members (residents and interns)

281—senior members

64—members, dues remitted by Council

1—honorary member

Number who have paid AMA dues:

April 26, 1957.....3,806\*\*

\*\*Includes 615 exempt members (gratis)

410 prior to 1/1/57

205 so far this year

### Headquarters Office

Mr. Amick and Mr. Bush reported on their activities since the close of the legislature.

The secretary reported on the offer of the government to renew the present Medicare contract to March, 1958. This was to be referred to the Council.

### Treasurer's Office

The treasurer reported on the financial status of the Association.

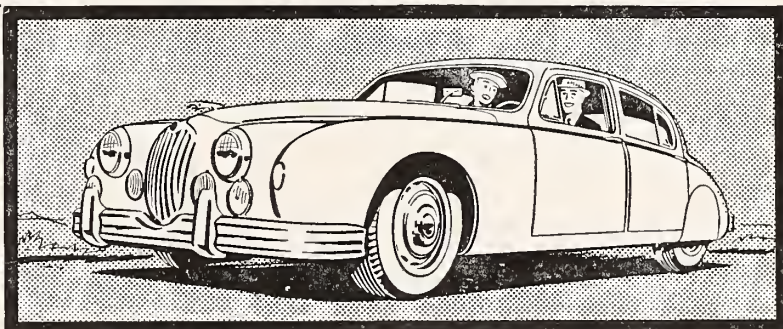
### Legislative Matters

#### Local

Letter from J. L. Steinem, M.D., secretary-treas-

### THE 3.4 SPORTS SEDAN

Top speed over 120 m.p.h. with acceleration from zero to 60 m.p.h. in 10 seconds. Overdrive and 4 forward gears. Smooth efficient world-famous X K powerplant. Luxurious interior . . . the ultimate in overall design.



## Road & Track gives Jaguar "...unqualified praise"

From the sports car magazine of Europe, the breeding ground of fine sports cars and international racing, comes word that the new 3.4 litre sports sedan passed their road tests with "...unqualified praise". Now, Jaguar Midwest has the 3.4 sports sedan here in Indianapolis.

Jaguar prices start as low as \$3,495.00 delivered! We trade for any make foreign or American car, and offer you bank-rate financing. For the fun of it, the ease of driving it, and for economy (better than 20 miles to a gallon), drive a Jaguar.

# JAGUAR

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urer of the Fayette-Franklin Medical Society, regarding Senate Bill 403 was noted and ordered filed.

#### National

Letter from Arthur Hess, assistant director of the Department of Health, Education and Welfare, regarding Public Law 880, was read and contents noted.

#### Organization Matters

Upon motion of Drs. Clarke and Clauser it was voted to renew the subscription for two copies of the Washington Report on the Medical Sciences.

Letters from Mrs. John M. Sullivan, treasurer of the Woman's Auxiliary to the Indiana State Medical Association, was read.

Report of the North Central District Blood Bank Clearing House was read for the information of the committee.

Letter from the Nevada State Medical Association regarding the nomination of Dr. Wesley Hall for trustee of the American Medical Association was read, and upon motion by Drs. Topping and Clarke it was moved that the Association support placing of the name of Dr. Cleon A. Nafe in nomination as trustee of the American Medical Association, if the delegates feel this is advisable at this time.

Letter from Dr. M. Arthur Kline of the American Medical Society of Vienna, acknowledging receipt of the Association's \$500.00 contribution, was read.

The proposal for the renewal of the contract with the Veterans Administration was presented, and upon motion of Drs. Clarke and Clauser, said renewal was approved.

#### Annual Convention, French Lick, October 7, 8 and 9, 1957

The secretary reported on the status of the scientific program and the technical exhibit.

By consent it was agreed that the headquarters office should purchase liability insurance covering the annual convention.

#### New Business

On motion of Drs. Owsley and Clarke it was agreed that three representatives from the Association should accompany the Science Fair delegation. Dr. Eades, Dr. Topping and one of the field men, to be selected by the secretary, are to make the trip.

The secretary read the invitation from the State Journal Conference, which is to be held in Chicago, and upon motion of Drs. Clauser and Sicks it was agreed the expenses of the associate editors should be paid for attending this conference.

The effort of the American Thrift Assembly was called to the attention of the committee, and by consent it was approved to enclose circulars from this organization in the News Flash.

#### Future Meetings

An invitation for the Association to send representatives to the regional Seminar on "Health

of the Aged", to be held on June 11 and 12 in Chicago, was approved on motion of Drs. Clarke and Topping. Dr. Milton Omstead and Dr. F. R. N. Carter are to be asked to represent the Association.

#### Medical Defense

*Malpractice program in Indiana.* Mr. Don C. Hawkins, assistant secretary of the St. Paul Mercury Insurance Company, appeared before the committee and reviewed the status of the medical defense program in Indiana since its inception in 1946. Mr. Hawkins pointed out that he thought that the Association should cooperate more closely with St. Paul, and offered as one means of cooperation the distribution of a letter to the members of the Association regarding the St. Paul program. Upon motion of Drs. Topping and Clauser it was voted that the Association should go along with the suggestions of the St. Paul Company and authorized the secretary to work out a plan with the St. Paul Mercury Indemnity Company to carry out the recommendations made by Mr. Hawkins. This matter is to be reported to the Council.

#### The Journal

Report on advertising for first quarter, 1957:

Total advertising:	1957	1956	Gain
January	\$ 4,542.61	\$ 3,187.24	\$1,364.37
February	\$ 4,467.77	\$ 3,283.13	\$1,184.64
March	\$ 4,009.40	\$ 3,588.88	\$ 420.52
Totals	\$13,109.78	\$10,059.25	\$2,969.53

There being no further business the committee adjourned to meet again at 4:00 p. m. on Wednesday, June 19, 1957, at the Student Union Building, Indianapolis.

#### MINUTES OF THE SPECIAL MEETINGS OF THE EXECUTIVE COMMITTEE OF THE INDIANA STATE MEDICAL ASSOCIATION, HELD AT THE I. U. STUDENT UNION BUILDING, INDIANAPOLIS INDIANA

May 17 and 24, 1957

Two special meetings were held by the Executive Committee on the above dates for discussion with representatives of the Indiana State Board of Medical Registration and Examination of the suit which had been filed against the Board by a Fort Wayne chiropractor and the action of the State in refusing to defend the appeal. These meetings were held for the information of the Committee, to supply the members with the background information regarding these suits, and no further detailed minutes were kept.

#### EXECUTIVE COMMITTEE

June 19, 1957

Roll call showed the following present: James W. Denny, M.D., chairman; E. H. Clauser, M.D.; Elton R. Clarke, M.D.; M. C. Topping, M.D.; Guy A. Owsley, M.D.; O. W. Sicks, M.D.

Albert Stump and Robert Hollowell, attorneys;





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MODERN METHODS



Robert Amick and Kenneth Bush, field secretaries; James A. Waggener, executive secretary.

Guests: Harry P. Ross, M.D., chairman, and John D. Van Nuys, M.D., member, Committee on Student Loan, Indiana State Medical Association.

Treasurer's Office

The treasurer reported on the financial condition of the Association and his report was accepted on motion of Drs. Clarke and Clauser.

Statements of Receipts and Expenditures for March, April and May for The JOURNAL were approved.

Membership Report

Number of members June 19, 1957 .....	4,073*
Number of members, June 19, 1956.....	3,996
Gain over last year.....	77
Number of members December 31, 1956....	4,049

- \* Includes 89 in military service (gratis)
- 148—\$10 members (residents and interns)
- 291—senior members
- 67—members, dues remitted by Council
- 1—honorary member

Number who have paid AMA dues:

June, 1957 .....	3,913**
**Includes 648 exempt members (gratis)	
410 prior to 1/1/57	
238 so far this year	

Headquarters Office

*Medicare.* The secretary reported on the fact that in accordance with the action of the Council he had notified Washington and the Blue Shield that the Association would be willing to take over the fiscal administrator's duties in addition to those currently being performed as of July 1, or as soon thereafter as the transfer could be made. He also informed the Committee of the visit of the Army auditors and an investigation of the Association's operations, as to its capability of handling the additional duties.

A quotation was given from the Service Bureau Corporation for doing the IBM and statistical work as required by the government under the Medicare program. A quotation was also given from the State Medical Society of Wisconsin. After reviewing the quotations and the services to be performed, upon motion of Drs. Topping and Clauser it was voted to accept the proposal of the Wisconsin State Medical Association and enter into an agreement with them covering this service.

Upon motion by Drs. Clauser and Topping the Indiana National Bank was designated as depository for the Medicare account and a sum of \$5,000.00 from the General Fund is to be deposited in this account.

Upon motion of Drs. Owsley and Clauser, the

treasurer is to sign all checks in the Medicare account.

The secretary reported on the need for establishing a doctor's code index for the purpose of coding claim forms and presented a proposal for a combination postage meter and check signer, and also a proposal for an additional accounting machine. The Committee reviewed the proposals and the equipment, and upon motion of Drs. Clauser and Owsley the secretary was instructed to purchase this equipment.

The subcontract agreement in existence between Minnesota and Wisconsin was reviewed and discussed by the attorneys, and upon motion of Drs. Sicks and Topping Mr. Hollowell was to draw up a similar agreement to be signed by the president of the Association.

Organization Matters

A letter from Dr. Francis L. Land, chairman of the Sub-Committee on Preceptorships, asking for an additional \$50.00 for their budget in order to print a brochure, was approved on motion of Drs. Clarke and Clauser.

A letter from Mutual Medical Insurance, Inc., in which they sought approval of the Association for the Blue Shield to work with the Woman's Auxiliary in conducting countywide meetings of physicians and their wives for the purpose of discussing Blue Shield, was approved on motion of Drs. Clarke and Owsley.

Contents of a letter from the LaPorte County Medical Society were noted and the correspondence ordered filed.

A resolution from the LaPorte County Medical Society regarding the United Fund was noted and ordered filed.

The secretary read the reply received from the Judicial Council of the American Medical Association concerning the question which had been referred to it, and by consent the Executive Committee referred this back to the Council.

Annual Convention, French Lick,  
October 7, 8 and 9, 1957

The secretary reviewed the scientific program and the sale of technical exhibit space, which was approved by consent.

New Business

Dr. Topping reviewed the problems of an incoming president on selection of committee members and proposed that a letter be directed to each county asking for suggestions of their members who would be interested in serving on the various committees of the Association, and then he would like the assistance of the Executive Committee in naming the committees of the Association.

Dr. Topping reported on the work of the Medico-



Legal Committee and presented for review of the Executive Committee the proposed code, with the suggestion that as soon as minor corrections were made which had been discussed by the joint committees of the Association and the Bar Association that the report then be printed in *The JOURNAL* and that sufficient reprints be obtained so as to give a copy of this code to every member of the Association. Upon motion of Drs. Topping and Clarke this was voted to be done.

Dr. Owsley reported that his committee had met. It was felt that a committee should be appointed for the purpose of investigating the construction of a headquarters office building somewhere in Indianapolis.

Upon motion of Drs. Topping and Clauser it was voted that the Executive Committee ask the Council to appoint a planning committee to investigate and to plan new headquarters for the Association.

On motion of Drs. Sicks and Clauser Mr. Hollowell was to obtain an opinion from the Internal Revenue Department to determine if, in the administration of the Medicare program, it is required by law that the Association report all payments of \$600.00 or more to physicians under this program.

By consent Mr. Hollowell was asked to check on an insurance program for the Association.

On motion of Drs. Owsley and Sicks the field secretaries are to accompany the executive secretary to the AMA Public Relations Institute in Chicago August 28 and 29. The chairman of the Public Relations Committee is also to be asked to attend.

There being no further business the Committee adjourned to meet again at 6:00 p. m., Saturday, July 13, 1957, at the Student Union Building, Indianapolis.

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## EIGHTH COUNCILOR DISTRICT

The annual meeting of the Eighth District Medical Society was held June 12 in the Delaware Country Club, Muncie. Prizes for the afternoon golf tournament were awarded at the business meeting and election of officers held preceding the dinner.

New district officers are: President, Dr. B. D. Wagoner, Union City; Dr. Howard W. Koch, Winchester, secretary-treasurer; and Dr. Guy A. Owsley, reelected councilor for a three year term.

Randolph County Medical Society will act as host to the 1958 meeting, however no definite date was set.

Brief talks were given by Dr. Elton R. Clarke, ISMA president; J. A. Waggener, executive secretary; Dr. I. S. Hostetter and L. E. Converse of Blue Shield.

District members were joined by their wives for a buffet supper. A representative of Black and Skaggs professional management firm was the speaker for the evening.

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# News from the County Societies

**Cass County Medical Society** members held their last meeting until fall on June 3 in the Logansport State Hospital where dinner was served.

Dr. Ernest Fogel of the Veterans Administration Hospital, Indianapolis, was the guest speaker. His subject was "Laryngospasm in Convulsive Shock Therapy."

Thirty members of the society attended the meeting.

Twelve members of the **Gibson County Medical Society** attended a dinner meeting May 15 in the Emerson Hotel, Princeton.

The speaker for the evening program was Fred P. Banberger, an Evansville attorney, who discussed "Medical-Legal Responsibilities of the Physician."

On June 12 the society held its final meeting until September 11. Guest speaker at the dinner meeting in the Emerson Hotel was Dr. H. K. Moir of Clearview Sanitarium, Evansville. His topic was "Practical Application of Psychiatry in Office Practice."

Twelve members were present.

**Jackson County Medical Society** members met at the Seymour Elks Club June 25 for dinner. They met as the hospital staff of Schneck Memorial Hospital, discussing problems in connection with operation of the hospital following addition of a new wing to the hospital.

The ISMA field secretary was given time on the program to report on the A.M.A. meeting

in New York which he attended, and to discuss Medicare, and the coming annual meeting of the I.S.M.A. A question and answer period on Medicare followed.

Members of the **Knox County Medical Society** entertained their wives at a dinner meeting June 19 in the Vincennes Country Club. A style show was presented and an entertaining resume of the society's accomplishments during the year was given by Dr. Richard Anderson.

Twenty members and their wives attended the final meeting until fall. Next scheduled meeting of the society will be on September 17 at 6:30 p.m. in the Orchard Room of the Grand Hotel in Vincennes.

The annual picnic and "roundtable discussion" of the **Shelby County Medical Society** was held June 19 at the country home of Dr. and Mrs. Paul Tindall near Shelbyville. Eighteen physicians and their wives and several special guests enjoyed the affair.

The next meeting of the society will be held in September at the W. S. Major Hospital, Shelbyville.

A social meeting to close the current season until fall was held June 12 at Lake Tippecanoe by six members of the **Wabash County Medical Society**. Dinner was served at 7 p.m. followed by a social evening.

The first fall meeting of the society will be held September 4 in Wabash.



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# Books: Reviewed

**THE FIGHT FOR FLUORIDATION.** By Donald R. McNeil, Ph.D., associate director of the Wisconsin State Historical Association. 236 pp. Price \$5.00. Oxford University Press, 114 Fifth Ave., New York 11, N. Y. 1957.

If one wants to read a very interesting story of a bitterly fought public health controversy, this is it. Certainly, the last word of the history of fluoridation has not been written. Its opponents are still vigorous and vociferous.

This story begins in 1901 when Doctor Fred McKay began to practice dentistry at Colorado Springs. He observed the strange looking, mottled teeth of the people who had grown up in that community. This mysterious condition was known as "Colorado Stain" and further south as "Texan Teeth." Doctor McKay was a tireless research worker, his reports stimulated other investigators to study the cause of this condition which always occurred in restricted areas. After 25 years of investigation he observed the absence of decay in these mottled teeth. Many other investigators and organizations became interested and after extensive studies discovered that the condition was associated with large amounts of fluorine in the water supplies. Soon it was discovered that in areas where a lesser amount of fluorine (about 1 part to a million) was found in water, mottling did not occur but there was a marked decrease in the incidence of tooth decay. Then (in the 1930's) came the idea of adding fluorine to public water supplies. This set off the most bitter controversy over a public health measure that the country has ever seen. Experiments in fluoridation were conducted first in Newburgh, New York and Grand Rapids, Michigan which showed a reduction in tooth decay of about

60 per cent when fluorine was added to the water supply. It is interesting to note, that about the same time a survey in Michigan City, Indiana showed a very low content of fluorine in the water and also a very high incidence of tooth decay among the children.

Hundreds of cities now add fluorine to their water supplies. Some cities instituted fluoridation but discontinued it when the matter became a political issue. When the issue has come to popular vote it has been defeated as many times as it has been approved. These referendums have made a field day for cranks, medical irregulars, religious objectors and fakers with something to sell.

This book is purely an account of the discovery and its application. It is neither scientific, nor controversial; it is simply and clearly written and can be read by anyone with interest and pleasure, especially physicians, dentists and engineers.

DAVID A. BICKEL, M.D., South Bend.

**HANDBOOK OF PHYSICAL THERAPY.** Robert Shestack, technical director, department of physical therapy, Washington County Hospital, Hagerstown, Md. 212 pp., illustrated. Price \$4.25. Springer Publishing Company, Inc., 44 East 23rd Street, New York 10, N. Y. 1956.

A concise description of the various forms of physical therapy and methods of administration is presented in the first half of the book in one-two, three order. The second half is devoted to the therapy of specific diseases and injuries. The technique of administration of the various modalities is discussed together with the precautions, amount and length of treatment and therapeutic indications. No attempt is made to describe individual makes of apparatus, nor is there any discussion about spas, cerebral palsy or rehabilitation techniques for reasons that are stated in the text.

The author has been actively engaged in the practice of physical therapy and has drawn from his experience in which he has recognized that many physicians have not had the opportunity to gain a knowledge of the fundamentals of physical therapy. He feels that the material is also of value to nurses and doctors' technicians. There are no illustrations or diagrams. The Motor Point Charts of the Burdick Corporation are reprinted.

This should be a reasonably good quick-reference aid. The reading time estimate is about four hours.

GEORGE M. JOHNSON, M.D., Richmond.

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## A REPORT ON A PROMISING CONCEPT IN ANTIMICROBIAL THERAPY: CONCURRENT ADMINISTRATION OF CHLOROMYCETIN AND GAMMA GLOBULIN

In treatment for infection, the physician is confronted with complex interactions between pathogen, antimicrobial agent and host. The pathogen represents the unselected factor, the therapeutic agent the component over which the physician exercises maximum control. But even with optimal antibiotic therapy, the eventual elimination of the infective agent and the resolution of pathologic changes depend upon efficient host response.<sup>1,2</sup>

Passive transfer of antibodies through gamma globulin provides a broad antibacterial spectrum because of origin in adults exposed to a variety of microorganisms. Employed as a protective element against some of the more common contagious diseases, gamma globulin permits more competent participation by the host in the fight against established infection.

Rationale for immuno-antibiotic therapy lies in simultaneous direct attack on the pathogen and re-enforced host resistance, which implies usefulness in treatment for acute fulminating, highly refractory, or prolonged infections.

### EXPERIMENTAL STUDIES ENCOURAGING

In carefully controlled studies in mice, Fisher and his colleagues in Parke-Davis Research Laboratories, using pooled human gamma globulin and Chloromycetin (chloramphenicol, Parke-Davis) concurrently, demonstrated a high degree of therapeutic effectiveness in infected animals.<sup>3</sup> Five types of infection induced with species of *Staphylococcus aureus*, *Streptococcus pyogenes*, *Proteus vulgaris* and *Pseudomonas aeruginosa* responded to joint therapy with gamma globulin and Chloromycetin, each agent having shown at deliberately low doses in previous work little or no activity in these mouse infections when used separately. Fisher's experiences with hemolytic streptococci have been confirmed.<sup>4</sup>

Tests now in progress with pneumococci, salmonellae and additional strains of pseudomonas and proteus indicate that marked increases in survival rates may be anticipated in any infection where chloramphenicol has previously demonstrated therapeutic activity.<sup>3</sup> These observations suggest that immuno-antibiotic therapy can effect cures in a variety of refractory microbial diseases.

### PROMISING IN EARLY CLINICAL TRIAL

Observations analogous to those of Fisher have been reported from the clinic.<sup>5-7</sup> More recently, the clinical use of gamma globulin in conjunction with antibiotics was undertaken by Waisbren<sup>8</sup> on the basis of Fisher's experimental work. His series of 46 patients with systemic and localized infections due to various strains of staphylococcus, pseudomonas, salmonella, proteus and to the pneumococcus had failed to respond to maximum effort with conventional therapeutic measures. Marked clinical improvement in

six of these acutely ill patients shows clearly "...that in certain instances the addition of gamma globulin to antibiotic therapy may give a clinical result that could not have been obtained with the antibiotics used alone. In each of these cases, a long and extensive control period in which antibiotics were being vigorously administered had failed to produce a response but when gamma globulin was given with approximately the same dosages of antibiotic, rather marked improvements occurred."<sup>8</sup>

While the precise mechanism underlying the salutary effect of gamma globulin remains to be clarified, the existence of quantitative hypogammaglobulinemia was ruled out in patients in this series.<sup>8</sup>

### A RATIONALE FOR IMMUNO-ANTIBIOTIC THERAPY

Although the relationship of susceptibility to infection and status of the host is well recognized, host resistance is an aspect of infectious disease still not understood in an era of extensive and of massive antibiotic therapy. Most antibiotics, in concentrations tolerated by living tissues, have bacteriostatic rather than bactericidal effect. In the clinic, bacteriostatic doses are most frequently given and host defense mechanisms are responsible for the eventually satisfactory clinical result.<sup>4</sup>

The problem of therapeutic failures despite vigorous courses of antibiotic therapy may be due to some disturbance in the immune process.<sup>9</sup> In addition, disproportionately high mortality rates in the extremes of life lend support to the impression of inadequate defense mechanisms, since these are underdeveloped and immature in the very young and may be impaired or depressed in the aged.<sup>4</sup>

Any discussion of immuno-antibiotic treatment must at present remain largely conjectural. From preliminary evidence, however, this approach to therapy appears worthy of consideration, especially in patients in whom adequate antibiotic therapy for active infectious processes has been disappointing. While the concept of enlisting the aid of the host in combating pathogenic microbes, thereby affording the physician control of two of the three principal interacting factors, is not new, enhancement of host resistance through use of gamma globulin in treatment for microbial disease is indeed a promising one.

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District	President	Secretary	Place and date of meeting
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2.	Sam I. Rotman, M.D., Jasonville	J. S. Brown, M.D., Carlisle	
3.	Wm. H. Robinson, M.D., Mitchell	Joseph C. Dusard, M.D., Bedford	
4.	William A. Johnson, M.D., North Vernon	Benet W. Thayer, M.D., North Vernon	North Vernon, May 7, 1958
5.	Jack R. Glosson, M.D., Clay City	John M. Palm, M.D., Brazil	Brazil, 1958
6.	H. N. Smith, M.D., Brookville	Kenneth G. Hill, M.D., New Castle	Greenfield, May 8, 1958
7.	T. V. Petranoff, M.D., Indianapolis	Arthur W. Records, M.D., Franklin	
8.	B. D. Wagoner, M.D., Union City	Howard W. Koch, M.D., Winchester	
9.	J. A. Van Kirk, M.D., Frankfort	Dan Tucker Miller, M.D., Fowler	Tipton, 1958
10.	E. J. DeGrazia, M.D., Valparaiso	Wm. C. Robertson, M.D., Chesterton	Whiting, Sept. 4, 1957
11.	Earl W. Bailey, M.D., Logansport	Charles L. Wise, M.D., Camden	Marion, Sept. 18, 1957
12.	Milton F. Popp, M.D., Fort Wayne	Harold F. Zwick, M.D., Decatur	Fort Wayne, 1958
13.	R. E. Nelson, M.D., South Bend	O. E. Wilson, M.D., Elkhart	South Bend, Nov. 20, 1957





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Thoracic Surgery, One Week, October 7  
Gallbladder Surgery, Three Days, November 4  
Surgery of Hernia, Three Days, November 7  
General Surgery, Two Weeks, September 23; One Week, October 28  
Fractures & Traumatic Surgery, Two Weeks, October 21

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Office & Operative Gynecology, Two Weeks, October 21  
Vaginal Approach to Pelvic Surgery, One Week, October 14  
General & Surgical Obstetrics, Two Weeks, November 4

#### MEDICINE—

General Review Course, Two Weeks, September 23  
Electrocardiography & Heart Disease, Two Weeks, October 7  
Gastroscopy & Gastroenterology, Two Weeks, November 4  
Dermatology, Two Weeks, October 14

#### PEDIATRICS—

Pediatric Cardiology, Two Weeks, December 2

#### RADIOLOGY—

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**EXECUTIVE COMMITTEE**—James W. Denny, chairman; E. H. Clauser; Elton R. Clarke, president; M. C. Topping, president-elect; Okla W. Sicks, treasurer; Guy A. Owsley, chairman of the Council.

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**SCIENTIFIC WORK**—Jack E. Pilcher, chairman (1957); Harold C. Ochsner (1957); Max M. Earl (1958); A. W. Ratcliffe, chairman, Scientific Exhibits Committee (1957).

**SCIENTIFIC EXHIBITS**—A. W. Ratcliffe, chairman (1957); J. L. Arbogast (1957); Jack E. Pilcher (1957); Joseph L. Haymond (1958); Louis C. Bixler (1958); John Spears (1957).

**PUBLIC POLICY AND LEGISLATION**—J. Wm. Wright, Sr., co-chairman (1958); Donald E. Wood, co-chairman (1958); William R. Tindall (1958); J. L. Wyatt, Sr. (1957); C. V. Rozelle (1957); Harry E. Murphy (1957); Frederick H. Allen (1958).

**PUBLICITY**—D. S. Megenhardt, chairman (1957); Frank M. Gastineau (1957); Paul J. Fouts (1957).

**INDUSTRIAL HEALTH**—E. S. Jones, chairman (1958); Ray T. Foster (1957); Louis E. Spolyar (1957); L. S. McKeeman (1957); Richard D. Swan (1958); Allan K. Harcourt (1958); Emmett B. Lamb (1958).

**MEDICAL EDUCATION AND LICENSURE**—Harry E. Klepinger, chairman (1958); Maurice E. Glock (1957); Wendell E. Covalt (1957); William L. Daves (1957); Donald E. Wood (1958); James W. Denny (1958); James H. Gosman (1958).

**PUBLIC RELATIONS**—Earl W. Mericle, chairman (1958); Harry Pandolfo (1958); J. H. Crowder (1957); Harold C. Ochsner (1957); Norman R. Booher (1957); Philip T. Holland (1957).

**CONSTITUTION AND BY-LAWS**—Wm. Harry Howard, chairman (1957); C. Philip Fox (1957); I. C. Barclay (1957); O. T. Scamahorn (1958); G. O. Larson (1958).

**CONFERENCE OF MEDICAL SOCIETY OFFICERS**—W. L. Dalton, chairman (1958); C. G. Kern (1957); Grover M. Nie (1957); W. G. Pippenger (1957); Jerome E. Holman, Jr. (1958); Thomas M. Conley (1958).

**GRIEVANCE**—J. Wm. Wright, Sr. (1957); A. P. Hauss (1957); C. E. Gillespie (1957); Raymond R. Calvert (1958); P. T. Lamey (1958); Lloyd C. Marshall (1958); Walter L. Portteus (1959); N. H. Gladstone (1959); Russell J. Spivey (1959); Murray DeArmond (1957).

**RURAL HEALTH**—Joseph E. Dudding, chairman (1958); John A. Davis, co-chairman (1958); H. N. Smith (1957); Stewart D. Brown (1957); Forrest J. Babb (1957); Richard P. Yoder (1958).

**PHYSICIAN-HOSPITAL RELATIONS**—Ralph V. Everly, chairman (1957); Robert H. Rang (1958); Joseph B. Davis (1959); Frank H. Green (1960); William J. Gerding (1961).

## SPECIAL COMMITTEES

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**CHRONIC ILLNESS**—M. H. Omstead, chairman (1957); I. E. Huckleberry (1957); J. R. Nash (1957); F. R. N. Carter (1958); Wm. B. Lybrook (1958); George May (1958).

**CIVIL DEFENSE**—Glen Ward Lee, chairman (1957); Ray Elledge (1957); Seth Ellis (1957); Joseph West (1958); Jean V. Carter (1958); Milton Popp (1958).

**CONSERVATION OF HEARING**—Marlow W. Manion, chairman (1957); Kenneth L. Craft (1957); H. W. Smelser (1957); Guy A. Owsley (1958); Hugh A. Kuhn (1958); David E. Brown (1958).

**CONSERVATION OF VISION**—W. Burleigh Matthew, chairman (1958); E. O. Alvis (1957); Donald Dean (1957); Joseph L. Larmore (1957); James V. Cassady (1958).

**CRIPPLED CHILDREN REHABILITATION**—R. A. Craig, chairman (1957); J. C. Lawrence (1957); M. C. Topping (1958); Carl Marz (1958); Harvey W. Sigmond (1958).

**DIABETES**—William M. Dugan, chairman (1957); Robert Davies (1957); Irvin W. Wilkins (1958); Ernest C. Murray (1958).

**HEART DISEASE**—George S. Bond, chairman (1957); F. N. Daugherty (1957); William S. Robertson (1958); C. E. Jackson (1958).

**INDIANA INTER-PROFESSIONAL HEALTH COUNCIL**—Elton R. Clarke (1957); M. C. Topping (1957); J. Wm. Wright, Sr. (1957); Wemple Dodds (1957); Herman T. Combs (1957); Don E. Wood (1957).

**COMMISSION ON IMPROVED PATIENT CARE**—Jack L. Eisaman, chairman (1957); Okla W. Sicks (1957); A. F. Gregg (1957); D. S. Megenhardt (1957); Floyd A. Boyer (1958).

**INSTRUCTIONAL COURSES**—William M. Browning, chairman (1957); Earl W. Bailey (1957); L. J. Maris (1957); Keith Hammond (1958); Francis L. Land (1958); Reuben A. Solomon (1958).

**LIAISON COMMITTEE WITH INDIANA ASSOCIATION OF LICENSED NURSING HOMES**—Maurice V. Kahler, chairman (1957); Carl R. Bogardus (1957); William B. Challman (1957); Cleon A. Nafe (1958); H. G. Weiss (1958); James M. Burk (1958).

**LIAISON COMMITTEE WITH LABOR**—Wm. Harry Howard, chairman (1957); Walter L. Portteus (1957); A. J. Roser (1958); Ralph V. Everly (1958); William M. Cockrum (1958); Charles R. Alvey (1958).

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**LIAISON COMMITTEE WITH AMERICAN LEGION, HOSPITAL ASSOCIATION AND DENTAL ASSOCIATION**—Lester D. Bibler, chairman (1957); James W. Crain (1957); James A. Waggener and Elton R. Clarke (1957), ex-officio.

**MATERNAL AND CHILD HEALTH**—C. O. McCormick, Sr., chairman (1958); R. W. Lavengood (1957); G. A. Held (1957); O. T. Scamahorn (1957); Frances T. Brown (1958); F. C. Schwartz (1958); Gustaf W. Erickson (1958); David L. Smith, Indianapolis; Ernest R. Carlo, Fort Wayne.

**MEDICAL CARE INSURANCE**—Gordon B. Wilder, chairman (1958); A. W. Cavins (1957); Virgil McCarty (1957); V. F. Kling (1957); Clifford Wiethoff (1958); Glen V. Ryan (1958).

**MENTAL HEALTH AND ALCOHOLICS STUDY**—Jack Mosier, chairman (1957); R. M. LaSalle (1958); D. D. Gill (1958); G. S. Fessler (1958).

**MILITARY MANPOWER**—John E. Owen, chairman (1958); W. M. Stout (1957); J. F. Peck (1957); J. F. Lewis (1957); P. T. Lamey (1957); Erwin Blackburn (1958).

**NECROLOGY**—James B. Maple, chairman (1958); William N. Wishard (1957); Earl B. Jewell (1957).

**POLIO**—Minor Miller, chairman (1957); V. L. Turley (1957); Keith Hammond (1958); Joe M. Black (1958).

**COMMISSION OF PUBLIC HEALTH AGENCIES**—Lall G. Montgomery, general chairman (1958); T. R. Hayes, vice-chairman (1958).

**REVIEW COMMITTEE FOR CLAIMS ON P.L. 569**—W. U. Kennedy, chairman (1958); Harry R. Stimson (1957); Kenneth L. Olson (1957); William R. Tindall (1958).

**SCHOOL HEALTH AND PHYSICAL EDUCATION**—Sam Rotman, chairman (1957); S. E. McClure (1957); J. E. Fisher (1957); William L. Wissman (1958); Henry G. Nester (1958); Samuel J. Brady (1958).

**STATE FAIR**—M. O. Scamahorn, chairman (1957); Michael Monar (1957); C. D. Holmes (1957); Harry Pandolfo (1958); John Shively (1958); Kemper N. Venis (1958); H. S. Brubaker (1958).

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**TUBERCULOSIS**—H. B. Pirkle, chairman (1957); D. W. Matthews (1958); Russell S. Henry (1958); O. T. Kidder (1958).

**VENEREAL AND COMMUNICABLE DISEASES**—Frank M. Gastineau, chairman (1957); W. L. Dalton (1957); L. E. How (1958); Ramon D. Dubois (1958); T. W. Omstead (1958); A. L. Marshall, Jr. (1958).

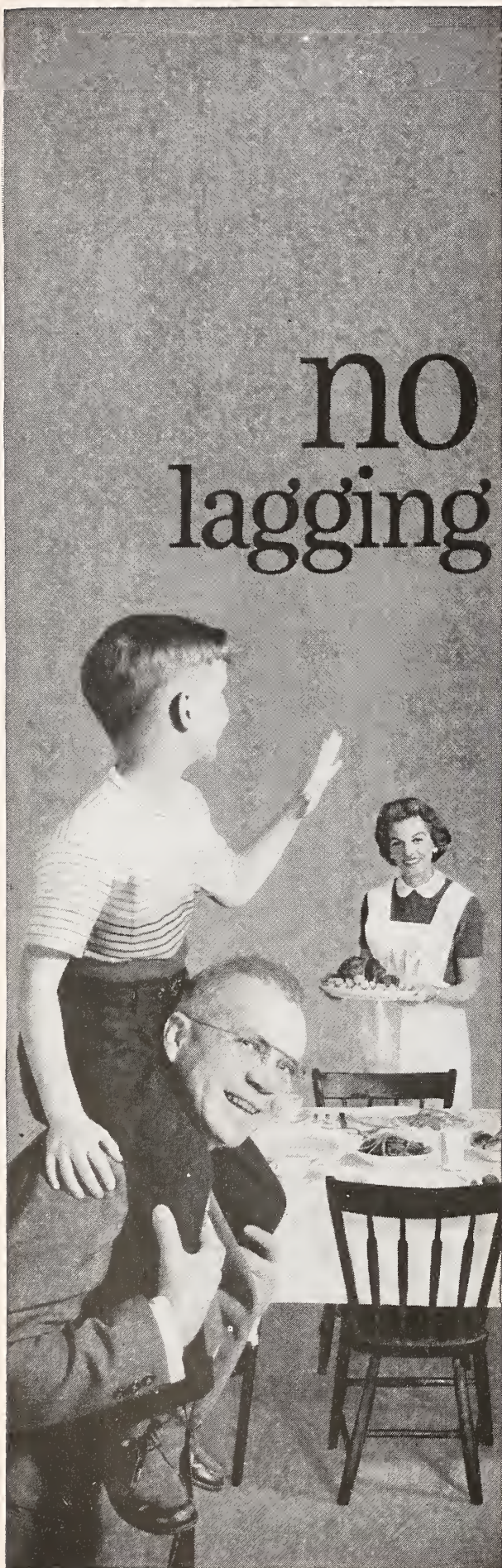
**VETERANS' AFFAIRS**—James W. Crain, chairman (1957); A. F. York (1957); Hugh A. Kuhn (1957); J. M. Kirtley (1958); Myron H. Nourse (1958); Gerald H. Somers (1958).



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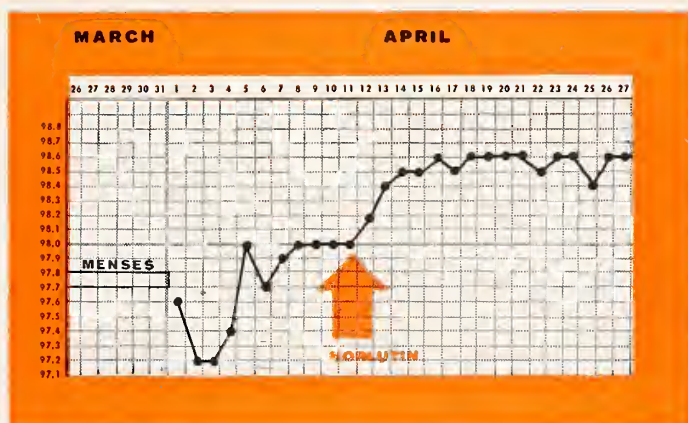
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## Books: Reviewed

**PROCTOLOGY.** Harry E. Bacon, M.D., professor and head department of proctology, Temple University Medical School; Stuart T. Ross, M.D., attending proctologist, Nassau Hospital, Mineola; and Porfirio Mayo Recio, M.D., assistant professor of surgery, College of Medicine, University of Philippines. 441 pp., 233 illustrations. Price \$10.00. J. B. Lippincott Company, East Washington Square, Philadelphia 5, Pa., 1956.

This volume is the successor to **Essentials of Proctology** which was published in 1943. The material deals with medical and surgical aspects of diseases of the anus, rectum, and colon. The anatomy and physiology of the subject areas are described and the procedures of history taking, examination, anesthesia, general preoperative and postoperative treatments and proctologic nursing are discussed. Specific conditions which involve the anus such as papillitis and cryptitis, fissures, abscesses, fistulas, pruritis ani and hemorrhoids are in detail. Separate chapters on inflammations such as proctocolitis, diverticulitis, tuberculosis, gonorrhea and syphilis and granulomas are included. Mechanical conditions of prolapse and procidentia, strictures, stenosis, incontinence, volvulus of the sigmoid colon and injuries are discussed. Malformations, cysts and tumors have a place in the text. A concise chapter on intestinal parasites by Dr. Samuel W. Eisenberg is added.

This presentation is concise, clear and practical. The medical therapy of the various conditions is presented in detail and is carried along with the indications for surgical procedure, skillfully brought to the reader's attention. Operative procedures are in concise detail (leaving no doubt but that steel alloy sutures are generally in high favor). In event that more than one medical method or surgical procedure is described, the authors often state their preferences.

This is a good quick reference and also a good means for experienced practitioners to review the subject.

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Hence not only the *amount* of protein but also its *quality* (in terms of its amino acid proportions) is important. It has been suggested<sup>1</sup> that for therapeutic purposes about two-thirds of the ingested protein come from foods of animal source, whose protein resembles human body protein in amino acid interrelationships. Depending on the needs of the patient, the therapeutic diet may supply 1.0 or more grams of protein per kilogram of body weight. Adequate caloric intake is required to protect the dietary protein from dissipation for energy purposes.

Meat, with its high content of top-quality protein, holds a prominent place among foods which supply this essential for establishing satisfactory levels of amino acids in physiologic proportions. It also contributes valuable amounts of B vitamins and essential minerals—nutrients which play a basic role in intermediate metabolism.

1. Proudfit, P. T., and Robinson, C. H.: Nutrition and Diet Therapy, ed. 11, New York, The Macmillan Company, 1955, pp. 314-320.
2. Harper, A. E.: Amino Acid Imbalance, Toxicities and Antagonisms, Nutrition Rev. 14:225 (Aug.) 1956.
3. Amino Acid Requirements of Adult Man, Nutrition Rev. 14:232 (Aug.) 1956.
4. Amino Acid Imbalance and Supplementation, Editorial, J.A.M.A. 167:884 (June 30) 1956. Council on Foods and Nutrition, American Medical Association: Importance of Amino Acid Balance in Nutrition, J.A.M.A. 158:655 (June 25) 1955.

The nutritional statements made in this advertisement have been reviewed by the Council on Foods and Nutrition of the American Medical Association and found consistent with current authoritative medical opinion.

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# The Fourth Estate Looks at Medicine

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

## OFF HIS BASE

John F. Burke, of Bayonne, N. J., is the cheerful, articulate commander of the nearly 200,000 members of the Disabled Veterans of America. He lost an arm at Monte Cassino and took enough lead in the rest of his body to have killed most people. He draws 100 per cent disability pay from the government, and no one could possibly begrudge him a cent of it.

So long as Commander Burke advocates a square deal for veterans who were wounded in battle or whose health was destroyed during the war, we think he is on firm ground. But when he rambles off into the by-ways of socialized medicine, federal aid to education, and a general exposition of the philosophy of an all-wise, all-generous centralized government—as he did at a Phoenix Press Club forum this week—we think he's 'way out in left field.

Mr. Burke was asked specifically whether he thought the veterans hospitals should treat veterans with non-service connected disabilities. His answer was an emphatic "Yes," so long as the veteran qualified from the standpoint of not being able to pay for the medical or surgical service in a regular hospital. His reasoning was that such an indigent would require hospitalization anyway, and it didn't matter whether he got it in a city, county, or federal hospital.

Much as we hate to disagree with a man who has demonstrated his patriotism as Mr. Burke has, we think he is completely wrong. He is wrong because non-service connected disabilities are no concern of the federal government. If the U. S. Treasury is expected to provide medical care for a veteran who falls out of a second-story window 20 years after a war is over, then it should be expected to pay for the care of every citizen who falls out of a second-story window. And that is socialized medicine, any way you look at it.

Veterans hospitals have no medicines or techniques not available to all hospitals. They can't care for a patient better than other hospitals. They do have a call on the apparently inexhaustible tax dollars of the nation, thanks to one of the best organized lobbies in Washington. But those tax dollars come from all over the nation. There is no money tree in Washington. The federal government gets money to run hospitals in exactly the same way that local units of government get it.

Actually, the dollars shrink as much as 33⅓ per cent on the round trip to and from Washington. Local units of government, to say nothing of local charitable institutions, can and should take care of indigents, veterans and non-veterans alike, when they become injured or sick. To say that the veteran deserves special care, in federal hospitals, for illnesses or injuries in no way connected with military service, is to say that the veteran is a privileged citizen. We don't believe the average veteran feels that way about it, and we think Mr. Burke is making a mistake in mixing up socialized medicine and aid to schools, etc., with the legitimate needs of the disabled veteran.

—*Phoenix Arizona Republic*

## ACTION OF ONE INDIVIDUAL CAN CAST A LONG SHADOW

While Dr. Joseph Kris decided on advice of his medical society to "withdraw" his bill for \$1,500 for his part in saving the life of Benny Hooper, the damage already was done as far as the medical profession is concerned—he had made a strong argument in favor of socialized medicine which his profession has been fighting for many years.

Without knowing the good doctor at all, we would hazard a guess that he is personally opposed to socialized medicine and that he believes his profession should do everything in its power to forestall the folly of government-managed medical affairs. Yet if he had tried his utmost he could not have hit upon a better scheme of fostering the cause of the eggheads who are always trying to tell us the government should take over all the services we need, including the administration of medicine.

When Dr. Kris slaved for 24 hours beside the well which almost became the grave of little Benny Hooper last May, he became the very personification of selfless devotion to the high calling of his chosen profession. Thousands of words were written about his heroic actions, along with those of others who played a part in saving the boy from his tomb.

If the American Medical Association chose to launch a public relations campaign in its behalf it could not possibly have purchased the advertising space required to carry a pro-medical message with the impact of the doctor's dramatic response to the call of duty. As of last May 18, the day after the rescue, Dr. Kris had done his profession one of the greatest favors a single individual could possibly do.

Yet on June 14, when he made out a bill for his services to the Hooper family and set a price of \$1,500, he more than destroyed the good he had



## The Fourth Estate (continued)

accomplished from a public relations standpoint. The wave of indignation which swept the country is thoroughly understandable in view of the financial status of the Hooper family.

Exactly what his motive was, of course, no one will ever know except Dr. Kris—if he knows himself. And he only made matters worse when he at first defended the bill and asserted that his services were worth \$30 an hour. There comes the time in nearly every individual's life when he would be glad to pay \$30 an hour for the help of a physician, but as Dr. Kris' colleagues point out, he acted very unwisely in setting such a price on his services under such circumstances, even though no one questions that his vigilance in keeping oxygen available to Benny saved the boy from suffocation in the bottom of the well.

Most doctors answer appeals for medical aid regardless of the hour or the circumstances. But the few who refuse to meet their obligations in this way can and do give the entire profession a black eye from time to time, just as do those few doctors who sometimes refuse to lend their assistance in community projects such as mass inoculations and the like.

Those in all key professions of public trust should remember at all times that they have a responsibility beyond that of the average citizen, and that their individual actions can cast a shadow much farther than they sometimes realize.

Dr. Kris' shadow today is a long one.

—*Shelbyville News*

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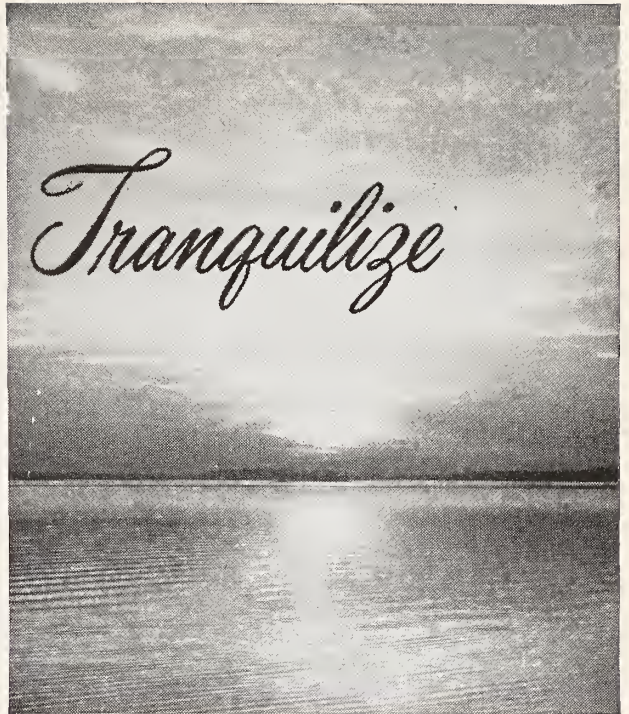
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## THE MONTH IN WASHINGTON

Washington, D. C.—If dangerous epidemics of Asian flu break out in the country this fall and winter, the medical profession will have its hands full. But the doctors won't be taken by surprise, nor will they lack specific information on proper treatment.

While the attacks in the U. S. were still sporadic and the death rate low—three fatalities in the first 11,000 reported cases—a number of major, nationwide efforts were under way to combat the disease in the months when influenza rates generally are the highest.

1. Acting in coordination with U. S. Public Health Service, the American Medical Association was pressing forward with its campaign to insure that all physicians are informed of how to deal with the disease.

2. In line with recommendations of the AMA committee, a number of state medical societies by mid-August had laid out complete emergency plans, ready to be put in operation if needed.

3. U. S. Public Health Service epidemic intelligence experts were scanning the country for outbreaks that might be Asian influenza, and other PHS officers were investigating acute respiratory diseases. PHS also set up machinery to keep the medical and health professions informed on nationwide developments in the influenza picture.

4. Advising Surgeon General Burney was a special committee, which included representatives from AMA, American Academy of Pediatrics, American Academy of General Practitioners and the Association of State and Territorial Health Officers.

5. Manufacturers of the vaccine, by running their plants on two or three shifts and seven

days a week, were hoping to have produced 60,000,000 cc. by February 1.

There was, of course, the possibility that with Congress in session through most of the summer a vast federal program would be set up, with the U. S. purchasing and allocating the vaccine. It was heartening to the medical profession that this possibility was pretty well eliminated in the early stages when the Department of Health, Education, and Welfare announced the following as official policy:

“The Public Health Service, in cooperation with the medical profession, will stimulate and promote a nationwide voluntary program of vaccination against the prevalent strain of influenza. It will not, however, request federal funds for the purchase or administration of vaccine—except for its own legal beneficiaries. The State and Territorial health officers and the American Medical Association have jointly assured the Surgeon General that community resources, both public and private, will be mobilized to provide vaccinations for persons who are unable to pay for such protection.”

This policy was reaffirmed later by the White House, when the President asked for half a million dollars to finance the additional work for Public Health Service. The White House statement said flatly that it did not plan to have the federal government buy vaccine.

The AMA's Board of Trustees selected as members of the special committee the same physicians who make up the Civil Defense Committee, with Dr. Harold C. Lueth as chairman. In addition to the work of this committee, special articles are being published in the AMA Journal, mass circulation media are being used to bring information on Asian influenza to the

*Continued*



## The Month in Washington (continued)

lay public and the AMA Council on Drugs is investigating and reporting to physicians on the use of antibiotics in treatment of the disease.

### NOTES

To wind up a long investigation of the safety of **chemical additives to foods**, a House committee called in a panel of scientists for two days of discussion. In general they concluded: Be careful about any mandatory federal controls.

Another hearing on **weight-reducing preparations** sold over-the-counter in drug stores heard a parade of witnesses, all of whom had about the same opinion: In themselves, the pills all are virtually useless in inducing loss of weight, but their other effects range from harmless to definitely dangerous.

\* \* \*

Veterans Administration is **increasing fees to physicians** under the hometown care program, with the new schedules varying by states and areas. During this fiscal year VA will pay out \$8 million under this program.

A former AMA president, **Dr. Elmer Hess**, now heads two government advisory committees, the Health Resources Advisory Committee to Office of Defense Mobilization and the Medical Advisory Committee to Selective Service, membership of which is the same. He succeeds Dr. Howard Rusk.

\* \* \*

**Secretary Folsom** is considering appointing a committee of outsiders to investigate and evaluate progress on medical research by the federal government.

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# The *Journal*

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## Bone Marrow Infarction with Fat Embolism and Nephrosis in Sickle Cell Disease

PAUL V. EVANS, M.D.

ALFRED T. SYMMES, M.D.

*Indianapolis*

*I*N 1941 Wade and Stevenson<sup>1</sup>, Vance and Fisher<sup>2</sup>, published case reports in which fat embolism appeared as a fatal complication of sickle cell disease. Each of these cases showed extensive necrosis in the bone marrow, a probable source for fat emboli. Wyatt and Orrahood<sup>3</sup> reported a third case in 1952 showing massive fat embolism and bone marrow infarction.

We have observed a similar case in a previously undiagnosed sickle cell disease in a 39 year old, colored, male who died in uremia after a 13 day acute illness. At autopsy, in addition to bone marrow infarction and fat embolism, this patient showed changes of nephrosis similar to those described by Lynch<sup>4</sup> as being due to ischemia produced by fat embolism.

### CASE REPORT

J. C., colored male, age 39, admitted to hospital January 19, 1955; died January 28, 1955. This patient was in apparent good health two days prior to admission. While lifting a man-hole cover that day, he experienced a severe back pain confined to the lower back on both sides. He remained ambulatory that day. The next morning there was a recurrence of severe back pain while in bed. Polydipsia and polyuria developed during this day and the back pain continued. The following day his condition was considerably worse with marked lethargy, and he was brought into the hospital.

*Past History:* Negative except for "arthritis" in both legs since a child. He was treated one year previously with cortisone with relief of symptoms.

*Family History:* History for diseases of

familial tendency was negative as far as could be determined.

*Physical Examination:* Temperature 100.4 degrees F.; pulse, 110; blood pressure 150/92; respiration, 28. The patient was described as a 39 year old, colored, male who was acutely ill, breathing deeply, and very lethargic. Heart examination showed a tachycardia and a Grade I systolic murmur of the apex. A pericardial friction rub was present, heard best in the second-third interspace. The tip of the spleen was palpable and a few petechiae were noted on the left forearm.

*Laboratory Data:* X-rays of chest and lumbar spine were reported normal. EKG's on three occasions showed only sinus tachycardia. On the day of admission, January 19, 1955, the hematocrit was 45, hemoglobin 14.3 gms., white count 8,000, urine specific gravity 1.008 with a trace of albumin, sedimentation rate (Wintrobe) 29, V.D.R.L., negative, blood urea nitrogen 30 mg.%, blood glucose, 105 mg.%, spinal fluid glucose 85 mg.%, with the remainder of the findings normal. On January 22, 1955, the hematocrit was 18, hemoglobin 6.5 gms., white count 29,700, red cell count 2,100,000 per cu. mm. On January 24 the white blood count was 39,600, red count 4,350,000 per cu. mm., and total bilirubin 2.9 mg.%. The sickling test was positive, bleeding time 4 min. 48 sec., coagulation time 3 min. 40 sec. On January 25 the hematocrit was 30, hemoglobin 11.29 gms., Coombs' direct and indirect tests negative, platelet count 406,700 (normal 400 to 500 thousand), clot retraction within normal limits, serum potassium 6.7 mEq/L, serum sodium 125 mEq/L, serum chloride 101.5 mEq/L.

On January 27 the hematocrit was 23, hemoglobin 8.24 gms., white count 31,300, red count 3,440,000 per cu. mm., L-E cell preparation negative, serum potassium 7.5 mEq/L, serum sodium 133.9 mEq/L, serum chloride 107 mEq/L. On January 28 the CO<sub>2</sub> combining power was 27 Vol. % and B.U.N. was 350 mg. %.

*Course and Treatment:* This consisted of penicillin, 600,000 units BID, five whole blood transfusions, one on the day of admission, three on January 22 at the time of the low hemoglobin and one on the day before death. In addition, he was placed in an oxygen tent, given intravenous

saline, dextrose and cortisone. The hospital course was febrile with the temperature varying from 100 to 104° F. Because of petechiae and fever on the initial day, bacterial endocarditis was suspected, but four successive blood cultures were negative. Following a precipitous drop in hemoglobin on January 21 and a temperature elevation to 104° F., he showed an increased lethargy and another shower of petechiae. Further spleen enlargement was noted at this time. The blood pressure remained between 172/110 on January 22, to 200/110 on January 27. Intake-output records indicated increasing oliguria during the last five days. Uremic frost appeared over the face of the patient on January 27. Clinical jaundice was present on January 26. The patient died on January 28, 1955, in pulmonary edema.

## AUTOPSY

*Gross Examination:* External examination showed marked scleral jaundice with the skin showing a slight yellowish tinge. Uremic frost was present over the face and neck.

*Heart:* 400 grams. Five small, 0.1 to 0.3 cm. subendocardial petechiae were found on the left ventricle.

*Lungs:* Right, 930 grams; left, 880 grams. Both lower lobes showed numerous small subpleural petechiae, and both lungs showed severe congestion and pulmonary edema.

*Liver:* Enlarged to 2,100 grams, otherwise not remarkable.

*Spleen:* 700 grams: The surface was a shiny blue-gray color. On cut section the outer perimeter was composed of light brown tissue, sharply demarcated from the darker splenic tissue which predominated through most of the spleen. The perimeter varied from 0.5 to 1.5 cm. in thickness. The gross appearance was that of infarcted tissue.

*Kidneys:* Right, 200 grams; left, 180 grams. Their appearance was not remarkable except for increased cortical thickness to 0.9 cm.

*Brain:* 1,500 grams. Numerous 0.1 cm. petechiae were seen throughout the entire white matter of the brain.

*Microscopic:*

*Lungs:* Marked congestion of the alveolar vessels was present with marked pulmonary



**Figure 1.** Vertebral bone marrow showing contrasting dark staining (viable) and light staining (infarcted) areas. With high power magnification marked sickling of the erythrocytes is seen in the infarcted areas. H & E x 65.

**Figure 2.** High power photograph of glomerulus and surrounding area. Note the widely dilated glomerular capillaries distended presumably with fat. Epithelium of tubules on either side of glomerulus shows marked degenerative changes. H & E x 350.

**Figure 3.** Fat stain of kidney showing marked fat embolization to glomeruli. Sudan IV x 65.

**Figure 4.** Two areas of ischemic necrosis in the brain, one, more recent, showing petechial hemorrhage, the other, older, showing some rarefaction and phagocytic activity. H & E x 65.

edema. Hemorrhage was present in many of the alveoli. Fat stain (Sudan IV) showed numerous alveoli containing globules of fat. The degree of fat within the vessels was sometimes quite marked with entire alveoli being outlined by the Sudan stain.

*Liver:* The liver sinusoids were frequently packed with red cells, many of which showed definite sickling phenomena.

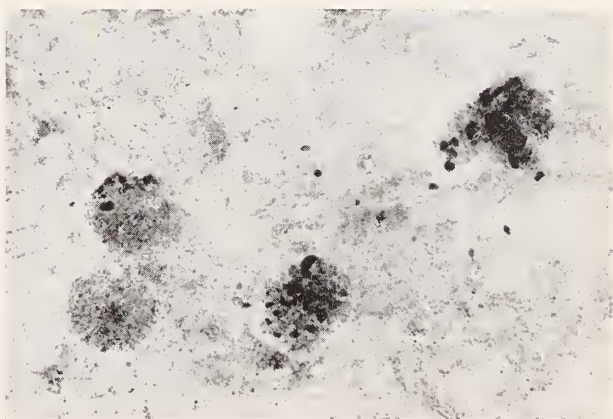
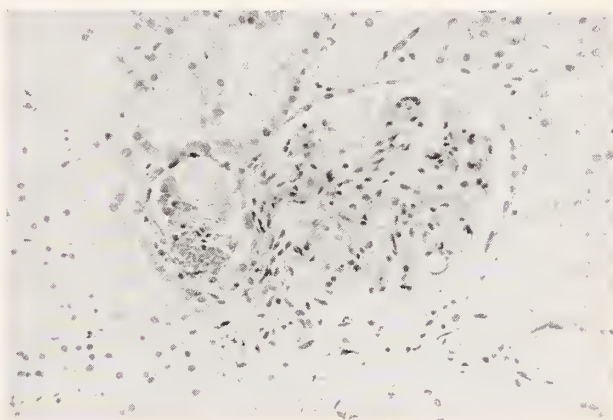
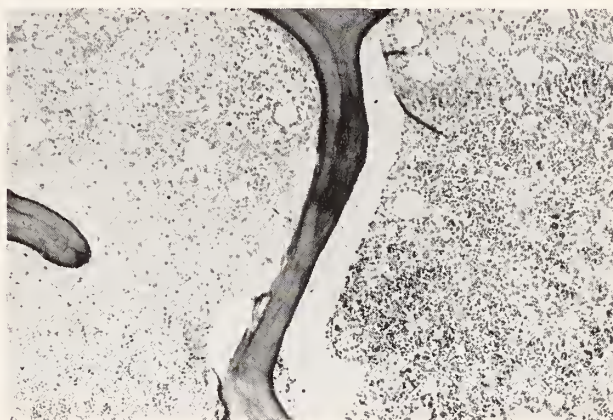
*Spleen:* Peripheral areas described grossly all showed infarction with marked congestion and relative loss of lymphoid tissue in the remainder of the spleen. Sickling of red cells within the sinusoids was present. In one instance thrombosis of a small artery was seen near an area of infarction.

*Adrenals:* These showed a deposition of blue staining material within the Zona reticularis apparently calcium.

*Kidneys:* Marked congestion was present in all vessels. With H & E stain, frequent widely dilated capillaries were seen in the glomeruli. Sudan IV stain showed globules of fat in large amounts present in the capillaries of the glomeruli and occasionally extending into the capillaries of the renal tubules. In the distal convoluted tubules the cell nuclei vary somewhat in size and tend to be hyperchromatic. Marked swelling of the cytoplasm was evident in these cells. The epithelium was denuded from the walls in many instances. A few areas showed deposition of calcium within the tubular epithelium and in a few places a reddish brown pigment suggestive of hemoglobin was seen. Considerable degenerative changes were noted in the proximal convoluted tubules with swelling of the cytoplasm and nuclear changes.

*Brain:* Sections showed numerous fresh peri-

Figures 1, 2, 3, 4 (top to bottom)



vascular petechiae. Also numerous older petechiae were seen. In the latter instances, rarefaction of the surrounding brain tissue was evident with numerous phagocytic cells present. Numerous capillaries contained light blue staining material possibly calcium or calcium soap products. This material was light blue and homogeneous. Fat stains showed numerous capillaries clogged with globules of fat. In addition, numerous capillaries also showed obstruction with packed sickle cells. These fat emboli, packed sickle cells, and blue staining material within the capillaries were quite often present in capillaries with surrounding perivascular petechiae and necrosis as noted above.

*Bone marrow:* Multiple pieces of bone marrow showed large and small areas of infarction. Thrombi were noted in small vessels at one point. Uninvolved areas showed moderate to marked erythropoiesis.

*Pituitary:* One moderate sized area of infarction was seen microscopically.

### CASE SUMMARY

A 39 year old colored man was admitted to the hospital in a state of lethargy showing evidence of an hemolytic crisis and red cells showing sickling phenomena. During the last few days his urinary output decreased and he died in uremia. Autopsy examination revealed large areas of infarction in the spleen and bone marrow and a small one in the pituitary. Massive fat embolism was evident in the lungs, kidneys and brain. Packed sickled red cells were commonly seen in the brain. The brain substance showed varying aged perivascular areas of ischemic necrosis, and the kidneys showed severe degenerative changes involving epithelium of both proximal and distal convoluted tubules.

### DISCUSSION

In the three previously reported cases of fat embolism in sickle cell disease<sup>1, 2, 3</sup>, as in this case, the onset of the terminal episode was marked by severe back pain. As postmortem examination on all of these patients demonstrated areas of infarction in the bone marrow it is suggested that the pain is related to early infarction of the bone marrow in the vertebral bodies. Another clinical finding common to all cases was the presence of some degree of mental impairment varying from lethargy and confusion to coma. Areas of ischemic necrosis in the brain,

whether due to fat emboli or agglutinated thrombi of sickle cells, were found in each instance.

The more chronic course in our case (13 days), with successive showers of skin petechiae and increasing lethargy, suggests a lesser degree of fat embolization early, with probable occurrence of repeated showers of fat emboli. The lesions within the brain which appeared to be in varying stages of development substantiate this. Some lesions appeared quite recent with perivascular hemorrhage, while others showed perivascular rarefaction with a small amount of hemosiderin within the phagocytic cells and a few gutter cells, obviously occurring earlier than the hemorrhagic lesions.

In most of the brain lesions, globules of fat, staining positive with Sudan IV, or agglutinative red cell thrombi, were present in the capillary lumens. The light blue-staining (H & E) bodies occasionally seen within the capillaries of the brain and more rarely in the kidneys, often had the globular outline of fat emboli. This material was not identified.

Lynch<sup>4</sup> reported several cases of acute hemorrhagic pancreatitis in which widespread fat embolism had taken place. In his cases severe epithelial damage was present in the convoluted tubules of the kidney. This was attributed to ischemia produced by fat embolism found abundantly in glomerular loops and intertubular vessels. The nephrosis was severe enough to produce fatal uremia. The same mechanism of ischemia due to fat embolism was present here.

Paper electrophoresis was not available to us during this patient's hospitalization, consequently, his hemoglobin pattern is not known. The presence of sickling would indicate at least a sickle cell trait. The fact that the disease had not made itself evident before clinically, and the presence of an enlarged rather than a shrunken spleen, suggests that this patient had sickle cell hemoglobin disease (S-C Disease) rather than homozygous sickle cell disease.

Bone marrow as a source of fat embolism has been well demonstrated in cases of bone marrow embolism with associated fat embolism<sup>5, 6</sup>. The sequence of events in the present case is that of marked anemia associated with sickling trait with crisis in which agglutinate sickle cell thrombi have produced ischemic necrosis in small areas of the brain, large infarcts in



the spleen and extensive bone marrow infarction. The latter lesion released fat for embolization producing more ischemic injury to the kidney tubules.

### SUMMARY

This is a case report of a 39 year old colored male, showing sickling phenomena in his erythrocytes, a severe hemolytic crisis, and death in uremia. Autopsy showed extensive infarction of the spleen and bone marrow with areas of ischemic necrosis in the white matter of the brain. Severe fat embolism was present in the brain, lungs and kidneys. Uremia was due to nephrosis produced by extensive fat embolism. It appears that the original ischemic injury to the organs was due to agglutinative sickle cell thrombi which in the case of the bone marrow released

large amounts of fat in the circulation compounding the original ischemia.

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## VALUE OF WATER FLUORIDATION WHOLLY ESTABLISHED BY SCIENCE, EXPERT DECLARES

Opposition to water fluoridation "will disappear like a bad dream once citizens make it their business to learn the facts," Dr. Louis I. Dublin, public health authority and consultant to the Institute of Life Insurance, predicts in a new 25-cent pamphlet, "Water Fluoridation: Facts, Not Myths," published by the Public Affairs Committee, a nonprofit, educational organization located at 22 East 38th Street, New York City.

"Today many millions of children are being deprived of the advantages water fluoridation could furnish them," Dr. Dublin says. "This deprivation is due in part to the familiar resistance of suspicious people whose counterparts once opposed vaccination and pasteurization."

In a foreword, Dr. Benjamin Spock, pediatrician and author, agrees that "fluoridation has become a controversial issue not because any detriment has been proved from its use but because the idea is frightening to some individuals" and adds that "the antidotes for these baseless fears are scientific data and public education."

Water fluoridation is described by Dr. Dublin as "the most effective and least costly preventive dental health measure available." He adds that "it is completely safe."

"Research has repeatedly verified the fact that between one-half and two-thirds of new tooth decay is prevented by nourishment from conception and birth with fluoridated water," he says, adding that "older people who have been drinking naturally fluoridated water all their lives have substantially fewer decayed, missing and filled teeth than people of the same ages whose drinking water has had insufficient fluoride protection."

# The Queckenstedt Test: Its Indications, Contraindications, and Dangers

THOMAS K. CRAIGMILE, Capt. USAF  
(MC)\*

*Denver, Colorado*

AS AN AID in the diagnosis of diseases of the central nervous system, the analysis of the cerebrospinal fluid has long been of the greatest importance. The usual studies of the fluid include an observation of its gross appearance, a differential cell count, a total protein determination, a serological examination and, if the clinical situation indicates, an analysis of the gamma globulin and sugar content and a chloride and colloidal gold determination.

Lumbar puncture, with analysis of the fluid obtained, may enable one to make or verify a diagnosis in many instances. Included in this diagnostic group are the various meningitides, spontaneous subarachnoid hemorrhage, syphilis, and acute poliomyelitis. It may be helpful in substantiating the presence of brain abscess, intracranial and intraspinal tumor, subdural hematoma, encephalitis, lead encephalopathy, and certain collagen diseases which may involve the nervous system. In addition, it has recently been demonstrated that an increase in the gamma globulin fraction of the cerebrospinal fluid is of importance in confirming the diagnosis of multiple sclerosis and certain other demyelinating diseases, a value above 13% of the total protein being considered definitely abnormal.<sup>1</sup>

In the process of obtaining a specimen of cerebrospinal fluid for study, it is customary to do manometric measurements of the fluid pressure before a sample is removed and again following collection of the specimen. An initial

pressure between 80 and 200 mm. of cerebrospinal fluid is normal. Such a measurement of the pressure, although not always reliable, may indicate an increased intracranial tension in the presence of space-occupying lesions, bacterial and luetic meningitis, lead encephalopathy, and the so-called otitic hydrocephalus. The Ayala index, computed by multiplying the quantity of fluid removed by the final pressure and dividing by the initial pressure reading obtained,<sup>2</sup> is not a very dependable guide to the nature of an existing lesion but may occasionally be helpful.

Unfortunately it has too often been a routine practice to do a Queckenstedt test whenever lumbar puncture is carried out, no matter what the indication for the puncture may have been.

This diagnostic maneuver consists of noting the manometric changes in cerebrospinal fluid pressure, measured in a water manometer, which are produced by bilateral internal jugular vein compression and its subsequent release. The physiological basis of the Queckenstedt test is dependent on the fact that occlusion of the venous drainage of the intracranial structures will produce an increase in intracranial pressure and, in turn, an elevation in intraspinal pressure as the pressure changes are transmitted from the intracranial to the intraspinal subarachnoid space.

In its simplest form, the test is carried out by having an assistant manually compress the neck over both internal jugular veins to attempt to produce the expected rise which should, as a result of the attendant increase in intracranial and intraspinal pressure, follow such compression. The release of pressure results ordinarily in an immediate return to the original level.<sup>3</sup> The test may be done more precisely, using a modification of the technique described by Grant and

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Cone,<sup>4</sup> by applying a blood pressure cuff around the patient's neck and first inflating it to a pressure of 20 mm. of mercury for 10 seconds, recording the level of climb in manometric pressure during this period, and noting the degree and speed of decline in pressure at five second intervals after the constricting influence is removed. After these initial readings are obtained, the examination is repeated with inflation of the cuff to 40 mm. of pressure and then 60 mm., each time with recordings being made graphically of the extent of rise of intraspinal pressure after 10 seconds of jugular compression and the completeness and rapidity of fall of pressure following release of jugular obstruction. No matter what means of jugular compression is used, it is important to check the patency of the manometric system by a 10 second application of abdominal compression before jugular occlusion is carried out. If the needle is properly situated in the subarachnoid space and the valve of the manometer stop-cock is correctly adjusted, there should be a prompt increase in intraspinal pressure with abdominal compression and a considerably less rapid fall with removal of the compression.

Under normal circumstances, when no interference to the flow of fluid in the spinal canal exists, one expects a rapid rise in manometric pressure with jugular compression and an almost equally rapid fall when the compression is released. If an obstruction to the circulation of cerebrospinal fluid in the spinal subarachnoid space is present, there is a slow rise and subsequent fall if the obstruction is partial, and virtually no increase with application of pressure and, consequently, no fall in the manometric column with the release of compression if the obstructing mechanism is a complete one.

It should be emphasized that the Queckenstedt test should not be done as a routine maneuver with every spinal puncture. There are only a few instances when such a manometric study is of diagnostic value, while there are numerous other situations in which jugular compression would not only fail to give helpful information but would, indeed, be detrimental to the patient's condition.

### INDICATIONS

The only absolute indication for carrying out jugular compression with measurement of the rise and fall of cerebrospinal fluid pressure is in

that case in which the patient is suspected of having a spinal subarachnoid space obstruction above the interspace at which the lumbar puncture is done. The instances in which the test is of the greatest value are those of suspected intraspinal tumor or other cord compressing mass and those in which it is of importance to establish the presence or absence of a subarachnoid space block after a spinal cord injury, whether or not it may be associated with a fracture-dislocation of the spinal column. In addition to these definite indications, the Queckenstedt test may be done in suspected cases of the infrequent spinal cord or cauda equina involvement due to marked impingement of cervical, thoracic, or upper lumbar herniated intervertebral discs. In this instance, however, myelography is of much greater value in determining the presence of and locating the site of the lesion. There are times when unilateral jugular compression is helpful in establishing the existence and site of a lateral or sigmoid sinus or internal jugular vein thrombosis, but these situations are extremely rare. In such a case, occlusion of the jugular circulation on the side of the thrombosis fails to cause any rise in the intracranial tension, while compression on the uninvolved side results in an increase in manometric pressure to a greater degree than would ordinarily be expected from unilateral jugular compression.<sup>5</sup>

Consequently, if the presence of an intraspinal tumor or other space-occupying lesion, such as a fracture-dislocation, is suspected, the utilization of the Queckenstedt test may be of the greatest diagnostic value in confirming its presence—and it should always be done under such circumstances. Of course, if such an abnormality hasn't progressed to the size where its existence partially or completely impedes the flow of fluid, the results of the examination will be negative. In the presence of a suspected nervous system lesion in which the symptoms and signs are confined to spinal cord manifestations and a degenerative process is strongly considered, it is still wise to carry out the complete manometric studies to exclude the possibility of an obstructing lesion.

### CONTRAINDICATIONS

If lumbar puncture is done as a diagnostic aid in any case where there is clinical evidence of any intracranial pathological process (except possibly in the rarely encountered lateral sinus thrombosis), the Queckenstedt test should not be

utilized. In such an instance no information of value could be gained. On the other hand, if a space-occupying intracranial lesion is present, no matter whether it be neoplastic, vascular, traumatic, or inflammatory, the additional increase in intracranial pressure and the alteration in cerebrospinal fluid dynamics produced by obstruction of venous return from the cranium can be responsible for a serious, if not fatal, worsening of the patient's status. In such cases, if the clinical picture causes one to suspect a marked increase in intracranial tension, and particularly if the presence of a posterior fossa mass is likely, even simple lumbar puncture, without an accompanying Queckenstedt test, is contraindicated and any diagnostic assistance it may lend is heavily outweighed by its dangers.

In the presence of an intracranial tumor, craniocerebral injury, or an inflammatory space-occupying lesion, the added increase in pressure within the skull produced by jugular compression can compound an already elevated pressure to a degree where vital function is seriously compromised. Such insult to respiratory and thermoregulatory centers may result not only from a transitory pressure alteration severe enough to possibly cause herniation of the brainstem, the uncus, and the hippocampal gyrus through the tentorium cerebelli or the cerebellar tonsils through the foramen magnum. It may also follow the increase in an already existing

cerebral edema which is associated with a temporary obstruction to the venous return from the brain.

If lumbar puncture discloses the existence of grossly bloody cerebrospinal fluid, an ill-advised Queckenstedt test may not only further elevate intracranial pressure, but may be responsible for re-initiating hemorrhage from an aneurysm or other vascular abnormality which is quiescent at the time.

## SUMMARY

A description of the mechanics of the Queckenstedt test, the techniques for carrying it out, and its indications, contraindications, and dangers, along with a brief résumé of the values of diagnostic lumbar puncture, has been presented. It cannot be too strongly emphasized that the Queckenstedt maneuver should be employed only if there is a reasonable clinical suspicion of a space-occupying lesion within the spinal canal cephalad to the site of lumbar puncture. In virtually every other instance it is contraindicated—and it certainly should not be done routinely with every puncture.

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**Note:** The author was graduated from Northwestern University Medical School in 1949, interned at Wesley Memorial Hospital, and was in general practice in Oakville, Indiana from 1950 to 1952 when he entered a two-year residency in neurosurgery at Hines, Illinois Veterans Administration Hospital. The following two years Dr. Craigmile spent as chief of the neurosurgery service at the 3650th USAF Hospital, Sampson Air Force Base, New York. Then for one year, 1956-1957, he had a residency in neurology at the Neurological Institute of New York. At present Dr. Craigmile is chief resident in neurosurgery at the University of Colorado Medical Center, with a teaching appointment as assistant in surgery at the University of Colorado Medical School.



# The *Journal*

of the INDIANA STATE MEDICAL ASSOCIATION

*Devoted to the interests of the medical profession of Indiana*

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## NURSING HOME SAFETY

THE LARGE NUMBER of disastrous nursing home fires in the United States during the past ten years has influenced the National Fire Protection Association to study the problem and issue advice on methods of prevention.

Two hundred and eighty-three lives have been lost in the 15 most notable nursing home fires, all in the past ten years. This is an especially high incidence, since there are only about 25,000 licensed homes in this country.

This is a serious problem. There are now some 16 million persons in the United States past the age of 70. Many of them cannot be cared for by relatives. The number of nursing home patients, almost all of whom are disabled, will increase in the future.

Budget troubles are at the bottom of the difficulty. Nursing home occupants are usually limited in financial means, and must be cared for at minimal expense. Most of the measures necessary to contain the fire hazard are not too expensive. Some of the recommended safety devices are relatively costly, but certainly would

come under the heading of money well spent, if they will help to protect elderly invalids who are least able to help themselves in a fire.

Safety factors recommended are:

1. Limitation of amount of combustible material in the home. In one fire in 1952 which resulted in 20 deaths a highly combustible interior finish caused the fire to spread over the entire building in a few minutes.

2. Proper exit facilities. Thirty-three patients perished in a 1948 fire because the only exit from the second floor was a narrow open stairway.

3. Automatic fire protection. There never has been a fatality in a completely sprinklered nursing home.

4. Segregation of hazards within the home, as for example, fireproof partitions around the furnace room.

5. Provision for trained attendants. Some state and local regulations are providing

increased safety. What is needed is for all states to adopt standards for construction and operation of nursing homes. It is pointed out that construction of safe and adequate nursing home facilities costs only one-third as much per bed as the construction of hospitals. Newly built nursing homes should therefore be provided in suffi-

cient number to at least care for all hospital patients who do not require the more costly hospital care. In fact, when adequate nursing homes are available many patients now cared for in hospitals may be moved to nursing homes for much of their convalescence and badly needed hospital space will be released for the more acutely ill.

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## INTERNATIONAL MEDICAL MEETINGS

**T**HE UNITED STATES will be honored in 1958 by being host to the meetings of two distinguished world-wide medical organizations.

The Fifth International Congress of Internal Medicine will be held in Philadelphia on April 24, 25 and 26, 1958. The Congresses are convened every two years. Previous meetings have been held in Paris, London, Stockholm and Madrid. The 1958 meeting will be conducted with the cooperation of the American College of Physicians, which will hold its annual meeting at Atlantic City from April 28 to May 2.

The World Congress of Gastroenterology and

the annual meeting of the American Gastroenterological Association will be held in Washington, D. C. on May 25 to 31 inclusive. Diseases have been chosen for discussion which show variations in epidemiology and clinical behavior in various parts of the world. Data will be presented by clinicians from the countries exhibiting the widest variations and discussion panels will consider these differences in an analytical manner.

All interested physicians are invited to attend these meetings. A separate program of social events and entertainment for wives and families has been arranged for each.

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## DIAGNOSIS OF CANCER

**“E**VERY DOCTOR'S OFFICE Should Be a Cancer Detection Center”. The April issue of the Rocky Mountain Medical Journal, under the above title, called attention to a brochure which the American Cancer Society has published for professional use.

The booklet is a 26-page affair prepared with illustrations and devoted to an outline discussion of various diagnostic examinations which may be conducted in an office for the detection of cancer. Physicians may obtain a copy of this valuable clinical guide by addressing the Indiana Cancer Society, 325 Board of Trade Building, Indianapolis.

The text of the booklet is summarized as follows:

### THE SEVEN TRAGIC DIAGNOSTIC MISTAKES

There is nothing more tragic in the practice of medicine than the discovery that a supposedly benign lesion which has been under medical care is malignant. It is also true that in many instances the diagnosis of a malignant tumor may be missed even when the physician suspects and diligently searches for its presence. There are, however, general errors in the diagnosis of cancer that can be avoided.



These are in a way corollaries to the Seven Cancer Danger Signals and may be called the Seven Tragic Diagnostic Mistakes.

1. Failure to make a diagnosis of intra-oral cancer on the assumption that it is a "canker sore" is an error that is avoided simply by making a biopsy of the lesion.

2. Failure to diagnose carcinoma of the breast because the physician believes the lump is a benign lesion, such as fat necrosis or inflammation, should never occur. A lump in the breast must be assumed to be malignant until biopsy proves it otherwise.

3. To treat a patient with the conviction that his symptoms are due to a duodenal or benign gastric ulcer without radiologic or laboratory evidence of the disease is to miss a diagnosis of cancer of the stomach. Barium x-ray examination of the stomach, gastric analysis for acid content, and study of the feces for blood should be performed prior to beginning treatment of a suspected peptic ulcer.

4. Failure to recognize that an inguinal hernia, especially of long duration, which suddenly becomes symptomatic may be associated with carcinomatous lesions of the prostate or colon is a pitfall to be avoided. The dynamics

to straining to void or defecate may be the cause of the sudden increase of the symptoms from the hernia. In such instances the physician should investigate the possibility of prostatic or colonic lesions and not devote all of his thought to the hernia.

5. To treat abnormal uterine bleeding caused by cancer with hormones, without a histologic diagnosis of the cause of the bleeding, is an error that is easily avoided. These patients should not be given hormonal or other medication until cancer of the uterus has been excluded by adequate histologic examination.

6. Failure to recognize that bleeding piles may mask a coexisting rectal carcinoma is a tragic oversight. Thus, even in the presence of bleeding hemorrhoids, it is necessary to exclude the possibility of coexisting polyps or cancer of the rectum and colon by digital rectal examination, proctosigmoidoscopy, and barium enema.

7. To treat anemia without recognizing that cancer may be the primary cause of the blood loss is a serious error. Cancer anywhere in the body may be associated with anemia, and gastric and large bowel cancers are notorious for the anemia they cause.

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## Guest Editorials:

### HOW EFFECTIVE ARE THE NEW ORAL DIABETES TABLETS?

*By The Informational Committee on Oral Hypoglycemic Compounds,  
American Diabetes Association*

**T**HE American Diabetes Association at its Seventeenth Annual Meeting, June 1-2 in New York City, issued the following statement regarding the use of oral drugs in the treatment of diabetes mellitus:

"It is estimated that there are more than 2,000,000 diabetics in the United States. Together with their families they represent an appreciable portion of the total population. As

part of its public education program, the American Diabetes Association endeavors to keep the public informed about new developments in the treatment of diabetes.

"For several years now, drugs related to sulfonamide have been tested here and abroad for their usefulness in treating diabetics with respect to their urine sugar and blood sugar

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levels. The apparent advantage of such drugs over insulin lies only in the fact that they are effective when taken by mouth, while insulin has to be injected at least once a day.

"The introduction of a new drug for general use is preceded by extensive testing, especially designed to discover any possible harmful effects. Testing has been done on the blood-sugar-lowering 'sulfa' compounds. In investigations made to date, one of these, tolbutamide, which is being marketed under the trade name of Orinase, according to the manufacturer has not caused serious side effects when given in proper dosages to human beings and experimental animals.

"The effectiveness of Orinase is greatest in older and milder diabetics. It should be stressed that it has been found almost totally ineffective in patients whose diabetes began in childhood or adolescence and in adult patients with severe diabetes. In such cases attempts to substitute oral treatment for insulin may lead to serious consequences.

"While extensive trials in several thousand cases have thus far not been found to show any serious toxicity, the investigators and clinicians who have worked with the drug cannot say at

the present that more widespread use over periods of several years may not be somewhat hazardous. Fortunately, the manufacturer and all physicians are alerted to these possibilities and we may be sure that results of treatment will be closely scrutinized for some years to come, so that any possible untoward effects may be prevented or stopped in good time.

"It is important to emphasize that rigid dietary management of diabetes remains the keystone of the arch of treatment. It is generally agreed that substitution of the new drug for insulin in patients who have received the latter should be very closely supervised and may necessitate hospitalization for the initial period.

"It will take many years to judge the effect of any such drug on life expectancy and occurrence of complications in diabetes.

"During the past few months a still newer drug, N<sup>1</sup>-beta-phenethylformamidinyliminurea, temporarily designated DBI, has been tested in diabetes. This substance does not belong to the tolbutamide chemical family. The available information on DBI is too scant as yet to allow any preliminary conclusions."

—ADA Forecast

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## ARMY MEDICAL SERVICE NOTES BIRTHDAY

*Observance of an anniversary and a progress report on current research projects are related in the following release by the Technical Liaison Office, Office of The Surgeon General, Department of The Army, Washington, D. C.*

**T**HE U. S. ARMY MEDICAL SERVICE celebrated its 182nd Anniversary on July 27, 1957. More than 15,000 officers and 32,500 enlisted personnel in medical activities paused to note this birthday of the Service which began when the Hospital Department of the Army was set up in 1775 to provide medical support for the colonists in the Revolutionary War.

Army Medical Service discoveries have helped protect not only the health of the Army but also that of the nation, and have assisted in protecting health throughout the world. An instance of this is the leading role the Service is

now playing in alerting the world to its hazard from the Far East influenza outbreaks of 1957.

On April 18 a newspaper item reported an influenza outbreak in Hong Kong. The same day Walter Reed Army Institute of Research and the Army Surgeon General cabled the Chief Surgeon of the Army Forces in the Far East requesting that an epidemiologist be sent to investigate this report.

Just 34 days later a team headed by Dr. Maurice R. Hilleman, Chief of the Department of Respiratory Diseases at the Institute, identified

*Continued*



this virus as one radically different from any known influenza strain.

As soon as the virus was identified, the Army Institute of Research advised manufacturers by telephone of the significance of this new strain, and of its possible importance as the basis for a new vaccine.

This early action by the Army in considering the need for mass vaccination prompted the pharmaceutical industry to develop a vaccine. A commercial vaccine will thus be available sooner than could otherwise have been expected.

During the winter of 1956-1957 three large-scale field studies confirmed the efficacy of the Army's new adenovirus vaccine against certain acute respiratory infections. These and other studies show that the vaccine cuts hospitalization for diseases caused by these viruses by more than 90 percent.

The adenoviruses are a serious problem in military medicine, since they attack up to 70 percent of all military recruits. The Army now plans to administer this vaccine in at least one major reception center this winter.

In dental research a device for measuring the setting time of dental amalgam for fillings has been perfected by the Army Medical Service in cooperation with the National Bureau of Standards. This device was developed by Lt. Col. Peter M. Margetis of the Research and Development Division, Army Surgeon General's Office, and Mr. Duane F. Taylor, physical metallurgist in the Dental Research Section at the Bureau. This will ultimately enable the dentist to use

alloys whose setting times have been determined. Thus, for the first time he will be able to select an alloy which fits his particular technique and application.

In surgical research the Army Medical Service has discovered that certain chemical materials may lengthen the life of stored blood up to 60 days. Known as nucleosides, these materials show great promise in prolonging the safe storage period of whole blood. Since the administration of whole blood is a life-saving measure in the treatment of battle casualties, practical application of this new discovery is being evaluated so that the national stockpile of whole blood can be greatly increased.

The first phase of the Army Medical Service Research program to determine the effects of irradiation on food has been completed. There is no evidence that the irradiation process induced toxic or cancer-producing substances in food. Destruction of essential food components by irradiation appeared to be no greater than by current commercial processing procedures.

The next phase of the irradiated food program—testing 21 selected food items preserved by radiation and stored at room temperature and prepared as in a mess hall or home—has begun.

These highlights of Army Medical Research during the past year reflect the scope of the research and development program. During the coming year work will continue in such diverse fields as nerve repair, improved treatment of burns, investigations of medical effects of extremes of temperature, and the development of new and improved medical equipment.

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## TRANQUILIZERS MAY UPSET MENTAL HOSPITAL DESIGN

Now it's architecture that's being affected by the widespread use of tranquilizing pills.

Architectural Forum magazine reports in its July issue that in at least one state the successful use of tranquilizers on mental patients "has struck a provocative blow at institutional architecture." The California legislature, the magazine reports, has recommended that "major expenditures on mental hospitals be postponed" until the full effect of the new drugs on design is evaluated.

According to Forum, California's law-makers have been advised by a special committee that tranquilizing drugs have started a new trend "away from the maximum security type of facility and toward the 'normal' hospital facility."

There is now a greater need for activity rooms, more recreational and occupational therapy rooms and more outpatient and day care facilities.

Forum says the California report suggests that the future mental hospital will "very likely be composed of small units of several hundred patients and the entire structure will change, with most of the patient load going to outpatient clinics."

# The President's Page

## A PRIVILEGE AND A RESPONSIBILITY

WHILE OUR THEME the past year has been on the subject of Personal Responsibility, our intention has not been to substitute this for organizational teamwork. Rather has it been to accomplish the aim of combined strength of organization through the efforts of many individuals. This aim, I believe, is well on the road to fulfillment. The old slogan of "Let George do it" has been changed first to "Let Jim (Waggener) do it", and more recently in line with modern trends, is being supplanted by the motto of "Do it Yourself".

Presidents may come and go, but the work of this great medical association goes on, and that is as it should be. No one person's work is a self-limited entity, and this is especially true of leadership of the Indiana State Medical Association. As well try to pick out a section of a stream and say, "This is my portion". In other words, the progress and continuity of an organization such as ours is not limited lengthwise or in chronology, and is getting to be limited less and less in breadth and scope as well.

Let us look over some of the outstanding accomplishments of this administration and outline a few things for the future. In doing this, bear in mind that I am not boasting of any personal achievements. These things have occurred in the time allotted to me as leader of the organization, and are the results of the labors of many.

Outstanding in the year's work has been the signing of the Medicare contract with the government and the phenomenal growth of the program, with the several changes necessitated by that growth. This program is not yet in finished form, and it is likely that still further changes will have to be made.

The Student Loan Program has gotten well started, and fills a need for the aiding of deserving medical students.

The Legislation Committee, although already overloaded, was given authority to originate some new legislation, and came up with Indiana's household poisons control law—a piece of legislation badly needed, and which should bring credit to the Indiana State Medical Association as its sponsor. In this, we worked along with our legal talent and with representatives of the State Board of Health.

Continued participation in the Science Fair program by the Indiana State Medical Association in sending boys and girls with science projects to the national fairs has resulted in a most favorable type of public relations, and should be continued.

Indiana takes pride in having followed the suggestions and recommendations of the American Medical Association in the matter of distribution and use of



polio vaccine. We feel that this prompt and decisive action tided us over a critical situation with credit to our membership and protection to the public.

Our ties with the state and national Chambers of Commerce have been strengthened, and have aided us in our legislative programs. The national Chamber of Commerce dinner in Washington is well worth our continued attendance and support. It puts doctors on the same plane with other business and professional men in getting better acquainted with our legislators.

Along the lines of the already existing study of maternal mortality which has done so much good, has been started a similar study of perinatal mortality, which should also accomplish results in the future.

Our relations with veterans' organizations are showing improvement as real efforts are being made to promote understanding and good will.

A reorganization of the entire committee structure is being made, which should result in great good in the future in preventing overlapping of committee functions. The plan carries with it a self-pruning device for elimination of dead-wood committees.

It is with appreciation and pride that I take cognizance of the splendid spirit of cooperation that has existed this year—a true "era of good feeling". Especial thanks go to other officers of the Association, committee chairmen and workers, the Woman's Auxiliary, the personnel of the Headquarters and Journal offices, and to the grass-roots membership of the organization.

It has been my great privilege and pleasure to serve as your President this past year, and I thank you in all humility and sincerity for this opportunity.

Elton R. Clarke, M.D.

# *The Woman's Auxiliary*

## REPORTS TO I.S.M.A.

Dear Auxiliary Members:

Play time of summer is gone and our thoughts are now turning to the beautiful colors of fall and back to work. Many of your officers and chairmen have been busy planning your program for you this summer, so let it be resolved that we as individual members help to carry out their plans.

Where else but at French Lick in beautiful southern Indiana can we enjoy the beauty of nature and renew old acquaintances? The convention committee under the capable leadership of Mrs. R. Case Hammond, has planned a convention that you will not want to miss.

Festivities begin with registration on Monday, October 7. At the dinner meeting that evening we will honor our past presidents.

One of our aims for this year is the further expansion of our membership and the organization of more county Auxiliaries. Some counties feel that they have too few women to organize, but if they would join as Members-at-Large with their neighboring Auxiliary, I feel they would become interested. With this in mind an organization breakfast is to be held at 8:30 o'clock on Tuesday morning.

There will be an Auxiliary Board meeting following the breakfast to which all Auxiliary members are invited. This will be the only Board meeting held this fall and I would like to urge 100 per cent attendance because here will be heard the reports of your state officers and the chairmen of your committees. It is there that your inspirations will be acquired for labor and ideas to carry on for the remainder of the Auxiliary year.

You will not want to miss Evansville's own Bish Thompson, a featured columnist, who by his wit and philosophy of life, is fast becoming a nationally known journalist.

With bridge and canasta at the French Lick Country Club on Tuesday and the golf tournament on Wednesday and plenty of time to enjoy your own hobby, I feel it will be a wonderful three days of relaxation and fun for you and your doctor.

I have accepted this most responsible position as your state president under very, very unfortunate circumstances—as you all know. You who know me are aware that I will do the best that I am able—and I appreciate all the cooperation that I have and will receive. It behooves us all to work harder when these realities befall us.

To those who have difficulties and problems I extend my sincere sympathies but the Auxiliary must continue to function and do a "job" as we have always done and will continue to do. May I say—"Spirit we have—aid we will."

Sincerely,

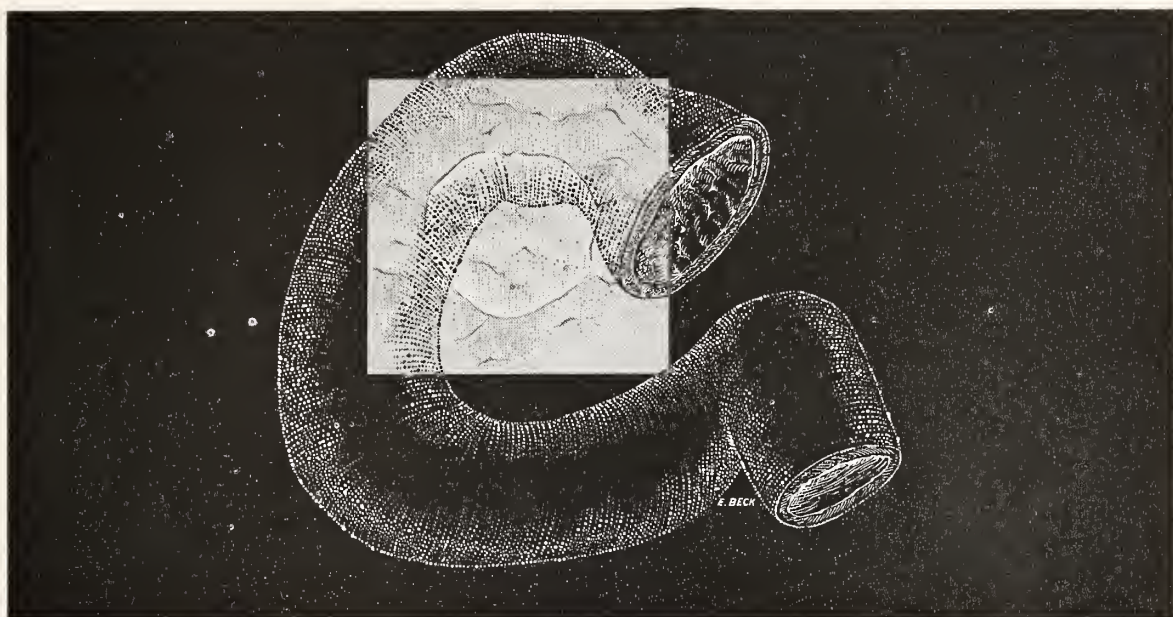


Mrs. W. C. Stover, President

\* Although we usually report to I.S.M.A. through the Auxiliary page, I have addressed my initial report directly to the Auxiliary and trust each physician will make certain *his* Auxiliary member has an opportunity to read it.—L.S.



RELIEVES THE GNAWING ACHE



## Pro-Banthine® provides rapid control of pain in peptic ulcer

In a two-year study<sup>1</sup> by Lichstein and co-workers, documented by intensive personal observation and by follow-up studies, Pro-Banthine (brand of propantheline bromide) often brought immediate relief of ulcer pain. Patients (11 per cent) who did not respond satisfactorily to Pro-Banthine therapy had "anxiety manifestations of psychoneurotic proportions."

In addition to frequent immediate symptomatic relief, Pro-Banthine reduces gastrointestinal motility and diminishes the secretion and acidity of gastric juice, all-important factors in the generation and aggravation of peptic ulcer.

These actions of Pro-Banthine and its demonstrated effectiveness in accelerating ul-

cer healing<sup>2-5</sup> mark the drug as a most valuable adjunct in the treatment of peptic ulcer.

The suggested initial dosage is one 15-mg. tablet with meals and two tablets at bedtime. An increased dosage may be necessary for severe manifestations and then two or more tablets four times a day may be prescribed.

G. D. Searle & Co., Chicago 80, Illinois.  
Research in the Service of Medicine.

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SEARLE

# Report on Oral Hypoglycemic Agent Released by American Diabetes Association

*The following report is reprinted with permission from the editor of the Journal of the American Medical Association (J.A.M.A. July 6, 1957).*

**T**OLBUTAMIDE (Orinase), a hypoglycemic agent for oral use, recently has been released by the Food and Drug Administration and is being generally distributed for use by prescription. Members of the medical and allied professions should be fully informed concerning this new drug.

It is a sulfonylurea compound with the empirical formula  $C_{12}H_{18}N_2O_3S$ . It lowers the blood sugar of normal animals and man and of some, but not all, diabetic patients. The mechanism involved is still unknown, but it seems clear that it is ineffective in the complete absence of insulin. Hence it cannot be considered a true substitute for insulin.

According to the manufacturer, experience with more than 5,000 cases has revealed no deaths clearly attributable to the drug during the 1½ years that it has been employed in this country. Toxic reactions, none of them serious thus far, have occurred in approximately 3 percent of the cases. They have consisted chiefly of gastrointestinal disturbances, cutaneous eruptions presumably due to hypersensitivity, headache and some intolerance to alcohol.

Tolbutamide is contraindicated in those patients with onset of diabetes in childhood or adolescence, those with unstable diabetes, those with a history of diabetic coma, those undergoing surgical operations, or those with existing complications such as ketosis, acidosis, infection, severe trauma, disease of the liver, thyroid or kidneys, or any other condition that usually increases requirement for insulin. In such situations insulin is essential, and attempts to replace it with tolbutamide would be dangerous. There is little or no published information concerning the effect of this drug in pregnancy.

There is, of course, no point in prescribing the drug when diabetes can be controlled with diet alone.

Tolbutamide is most effective in adult patients with relatively mild diabetes who have required small to moderate doses of insulin. The best test for responsiveness is the administration of the drug for a period of seven days during which insulin is withdrawn gradually and tests of the urine for glucose and ketone bodies are performed three times daily.

The dosage of tolbutamide and the method of attempting its substitution for insulin vary with circumstances. Ordinarily, 3 gm. of the drug are given on the first day, 2 gm. on the second and 1 gm. on the third. This method of initiating treatment is applicable whether the patient has been using insulin or not. Maintenance is provided by divided doses totalling from 0.5 to 1.5 gm. (never more than 2 gm.) daily and must be determined on the basis of experience in each case.

Insulin should never be withdrawn abruptly. In cases in which the previous daily requirement has been less than about 30 units, initiation of treatment with tolbutamide may be accompanied by a simultaneous reduction of 30 to 50 percent in the dose of insulin, further reductions being made gradually so long as levels of blood and urinary glucose remain satisfactory. Patients who have required more than about 30 units daily may reduce their dose by 20 percent on the first day of tolbutamide therapy, further reductions being made very cautiously. In daily observation the development, at any stage, of sustained hyperglycemia or glycosuria or any sign of ketosis calls for the abandonment of oral therapy and prompt reversion to main-



tenance doses of insulin. If the blood sugar remains within reasonable limits, however, oral treatment may be continued, the patient returning for examination at weekly intervals for the first month, then at two-weekly and finally at monthly intervals. The periodic examination should include a urinalysis for glucose and ketone bodies, determination of the blood sugar and a white blood cell count, with a differential count if the latter is low. Determinations of serum alkaline phosphatase and bromsulphalein excretion seem to be the most sensitive tests for suspected hepatic damage.

If not hospitalized, the patient must test the urine at home, informing the physician of any increase in glycosuria. He must be made to understand that close adherence to diet is just as important as when insulin is used.

The patient should be warned about the possibility of hypoglycemia while both insulin and tolbutamide are being taken during the period of stabilization. Combined therapy with both agents for purposes of maintenance is pointless.

If side reactions, including gastrointestinal symptoms or allergic manifestations, occur the drug should be discontinued in favor of insulin.

Uncertainty as to the mode of action of tolbutamide and the brevity of experience with it when compared with the many years over which diabetes must be treated require that it be prescribed by physicians, dispensed by pharmacists and used by patients with caution. The manufacturer has prepared an excellent leaflet in which safeguards are given appropriate emphasis. The drug has been released by the Food and Drug Administration for sale on prescription only. This means that, in order to avoid violation of the law, pharmacists who are accustomed to dispensing insulin without prescription to patients familiar with its use must resist any temptation to do so with tolbutamide.

During the past few months a guanidine derivative, temporarily designated DBI, is being

tested in clinical and experimental diabetes. This substance belongs to a different chemical family from that of Orinase. The available information is too scant as yet to allow even preliminary conclusions.

It is hoped that the investigators working in this field will be given undisturbed and unpressured time to investigate fully any of these drugs so that premature introduction into general use does not occur.

INFORMATIONAL COMMITTEE  
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COMPOUNDS, AMERICAN  
DIABETES ASSOCIATION, INC.

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EXHIBITS

at the Annual Convention

October 7, 8, and 9

French Lick-Sheraton Hotel

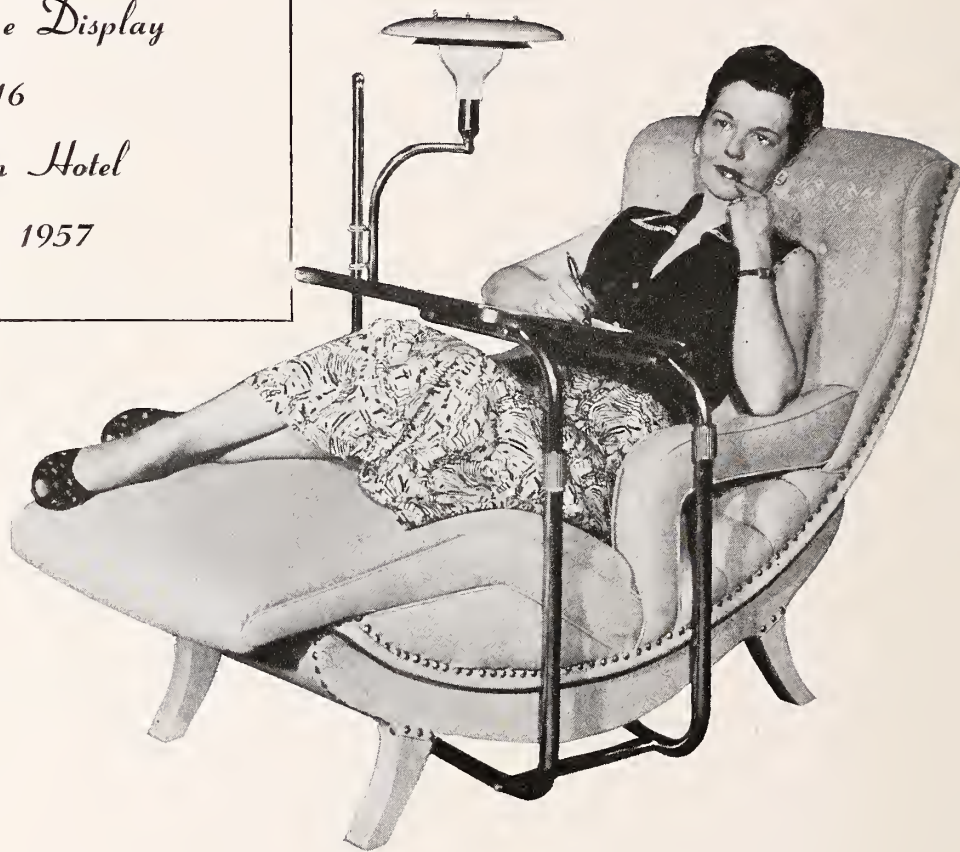
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# New Field Secretary Added to I.S.M.A. Headquarters Staff

**E**XECUTIVE SECRETARY James Waggener has announced the appointment of Wayne Worick as Field Secretary of the Indiana State Medical Association. Mr. Worick recently re-

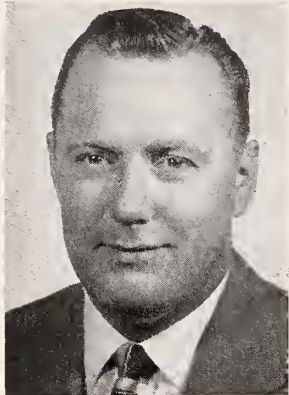
signed as state representative for the National Foundation for Infantile Paralysis, and assumed his new duties on August 15.

Mr. Worick is a native Hoosier and graduated from Roachdale High School in 1940. He attended Purdue University from 1940 to 1942, and was then

engaged in three years service with the Air Force. He had 14 months overseas service in the China-Burma-India Theater, and flew on 112 Hump Missions.

He was discharged in 1946 and continued his education at Indiana University, receiving the B.S. degree in Physical Education in 1948 and an M.S. degree in Health Education in 1952. In 1948 he was Athletic Director and Coach at New Winchester High School, and from 1949 to 1951 held the same appointment at Veedersburg High School.

Mr. Worick has been a state representative for the NFIP for four years, 1953 to 1957. He was located in Roanoke, Virginia for 3 years, and for the past year has lived and worked in Indianapolis. He is married to the former Miss Elizabeth Ann Crawford of Bedford.



Mr. Worick

## TELEX, Creators of the Finest Precision Hearing Aids

**O**UR Policy embraces the belief that the Diagnosis and Treatment of Deafness lies within the special province of the Physician and, particularly, of the Otologist. We believe that our services complement those of the medical profession, therefore TELEX will always conduct its business so as to merit the Doctor's confidence.

- Audiometric Service.
- Monaural and binaural fittings with new style ear-level aids.
- TELEX Hearing Aids range in price from \$159.00 to \$279.00, meeting the needs of all types of hearing losses.
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- Convenient time payments are available.

### TELEX Hearing Center

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V. C. HELM

# Combined Estrogen-Androgen Therapy Proved 96% Effective in Preventing Postpartum Breast Engorgement<sup>1</sup>

## *Dual Steroid Approach also Successful in Osteoporosis*

Of more than 4 million babies born in the United States this year, approximately 75 per cent will not be breast fed.<sup>2</sup> Combined estrogen-androgen therapy will effectively suppress lactation and prevent postpartum breast engorgement in these mothers.

Osteoporosis also ranks high on the list of present day medical problems because of the increasing older population.

In either condition, combined estrogen-androgen therapy produces a complementary metabolic response with little or no side effects.

In postpartum breast engorgement the rationale of therapy is explained as follows: During pregnancy, the high estrogen titer exerts an inhibitory effect on the anterior pituitary, thereby preventing the release of the lactogenic hormone, prolactin. Postpartum, the estrogen level drops off suddenly, and allows the release of previously inhibited prolactin which is now free to initiate the flow of milk. Sex hormones re-establish pituitary inhibition, thus arresting the lactating process.

In Fiskio's study,<sup>1</sup> "Premarin" with Methyltestosterone effectively relieved postpartum breast engorgement and suppressed lactation in 96.2 per cent of his group of 267 patients. Notably absent were breast abscesses, nausea, vomiting, excessive lochia, withdrawal bleeding or virilization. Menses were re-established after the normal six week period. The lack of mental depression during the puerperium was especially gratifying.

Osteoporosis results from impairment of osteoblastic activity, and gonadal hormone decline is possibly the most prevalent cause. Estrogen stimulates osteo-

blastic activity and increases calcium and phosphorus retention, while androgen exerts an anabolic or protein-forming action. Prognosis for bone recalcification is good, providing therapy is continued for extended periods. The possibility of side effects is minimized because the two hormones exert an opposing action on sex-linked tissue.

Estrogen and androgen as combined in "Premarin"® with Methyltestosterone provide a treatment of choice in osteoporosis.

Recommended Dosage: (Directions refer to *yellow* tablets.)

*Postpartum breast engorgement* — Short duration therapy — (one week) — 3 tablets every four hours for five doses — then 2 tablets daily for rest of week. "Step-down" therapy — (10 to 15 days) — 1st day — 4 tablets; 2nd day — 3 tablets; 3rd day — 2 tablets; thereafter, 1 tablet daily for 10 to 15 days. *It is important to start therapy as soon as possible after delivery.*

*Osteoporosis:* 2 tablets daily, for the first three weeks. Then 1 tablet daily thereafter. In the female, it is suggested that combined therapy be given in 21 day courses with a rest period of about one week between courses, and be continued for 6 to 12 months; following this period, the patient may be maintained with cyclic therapy employing "Premarin" Tablets alone.

Supplied in two potencies: *Yellow tablets* — each contains 1.25 mg. conjugated estrogens, equine ("Premarin") and 10 mg. methyltestosterone. *Red tablets* — each contains 0.625 mg. and 5 mg. respectively. Bottles of 100 and 1,000.

*Bibliography:* Available on request.

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108th

Annual Convention

# INDIANA STATE MEDICAL ASSOCIATION

October 6, 7, 8 and 9, 1957

All Time—CST

French Lick-Sheraton Hotel

French Lick, Indiana

*Complete Program and  
Annual Reports on  
Following Pages*

# Official Call to the House of Delegates

The next annual session of the Indiana State Medical Association will be held at the French Lick-Sheraton Hotel, French Lick, Indiana, October 6, 7, 8 and 9, 1957.

The House of Delegates will be constituted as follows: Marion County, nineteen delegates; Lake County, seven delegates; Allen County, five delegates; St. Joseph County, four delegates; Vanderburgh County, four delegates; Delaware-Blackford, three delegates; Bartholomew-Brown, Daviess-Martin, Dearborn-Ohio, Elkhart, Fayette-Franklin, Fountain-Warren, Harrison-Crawford, Jasper, Newton, Jefferson-Switzerland, LaPorte, Madison, Owen-Monroe, Parke-Vermillion, Tippecanoe, Vigo and Wayne-Union County Societies, each two delegates; the other fifty-nine county societies, each one delegate; thirteen councilors and the ex-presidents, namely, C. S. Bond, Charles N. Combs, George R. Daniels, Charles E. Gillespie, F. S. Crockett, R. L. Sensenich, Herman M. Baker, Karl R. Ruddell, M. A. Austin, Carl H. McCaskey, N. K. Forster, Cleon A. Nafe, Augustus P. Haus, Alfred Ellison, J. William Wright, Paul D. Crimm, William Harry Howard, Walter L. Portteus and Walter U. Kennedy; and ex-officio, the president, the president-elect, executive secretary, and the treasurer of the association, and the delegates to the American Medical Association, all without power to vote, except in the case of a tie vote, when the president shall cast the deciding vote.

Blank credentials have been sent by the secretary to each county society, and the properly executed credentials should be mailed to the Indiana State Medical Association, 1021 Hume Mansur Building, Indianapolis 4, Indiana, or brought to the session. No delegate will be seated unless wearing the official badge.

The House of Delegates will convene promptly at 6:30 p. m., Sunday, October 6, in the West Dining Room, French Lick-Sheraton Hotel (dinner meeting), and again at 12:30 p. m., Wednesday, October 9, in the West Dining Room, French Lick-Sheraton Hotel (luncheon meeting).

The order of business will be as follows:

1. Call to order by the president.
2. Roll call and seating of qualified delegates.
3. Reading of the minutes of previous meetings.
4. Appointment of reference committees.
5. Address of president-elect.
6. Report of executive secretary.
7. Report of treasurer.
8. Report of the chairman of the Council.
9. Reports of councilors.

## 10. Reports of standing and special committees:

- (1) Executive Committee.
- (2) Conference of Medical Society Officers.
- (3) Constitution and By-Laws.
- (4) Convention Arrangements.
- (5) Grievance.
- (6) Industrial Health.
- (7) Medical Education and Licensure.
- (8) Physician-Hospital Relations.
- (9) Public Policy and Legislation.
- (10) Public Relations.
- (11) Publicity.
- (12) Rural Health.
- (13) Subcommittee on Preceptorships.
- (14) Scientific Exhibits.
- (15) Scientific Work.
- (16) Auditing.
- (17) Cancer.
- (18) Chronic Illness.
- (19) Civil Defense.
- (20) Conservation of Hearing.
- (21) Conservation of Vision.
- (22) Crippled Children Rehabilitation.
- (23) Diabetes.
- (24) Heart Disease.
- (25) Indiana Inter-Professional Health Council.
- (26) Commission on Improved Patient Care.
- (27) Instructional Courses.
- (28) Liaison Committee with Indiana Association of Licensed Nursing Homes.
- (29) Liaison Committee with Labor.
- (30) Liaison Committee with State Department of Public Welfare.
- (31) Liaison Committee with American Legion, Hospital Association and Dental Association.
- (32) Maternal and Child Health.
- (33) Medical Care Insurance.
- (34) Mental Health and Alcoholic Study.
- (35) Military Manpower.
- (36) Necrology.
- (37) Polio.
- (38) Commission of Public Health Agencies.
- (39) Review Committee for Claims on P. L. 569.
- (40) School Health and Physical Education.
- (41) State Fair.
- (42) Student Loan.
- (43) Traffic Safety.
- (44) Tuberculosis.
- (45) Venereal and Communicable Disease.
- (46) Veterans' Affairs.
- (47) The JOURNAL Editor.



(48) Special Committee on a Code of Medico-Legal Matters.

(49) Special Committee on Reorganization of Committees.

The election of officers will be the first order of business at the second meeting of the House of Delegates. In addition to the regular officers, the terms of the following officers expire December 31, 1957, and their successors must be elected at the session: Delegates to the American Medical Association to succeed Gordon B. Wilder, Anderson, and W. C. Stover, Boonville; and alternates, Walter L. Portteus, Franklin, and John M. Paris, New Albany.

Delegates from the Second, Fifth, Eighth and Eleventh districts are reminded that the terms of their councilors will expire December 31, 1957, and the new councilors should be elected to succeed the following:

Second District: J. H. Crowder, Sullivan.

Fifth District: M. C. Topping, Terre Haute.

Eighth District: Guy A. Owsley, Hartford City.

Eleventh District: Max R. Adams, Flora.

Some of these elections already may have been held, but they should be reported to the House of Delegates at this session for confirmation.

JAMES A. WAGGENER, *Executive Secretary*.

# HOUSE OF DELEGATES

## Indiana State Medical Association

French Lick, October 6, 7, 8 and 9, 1957

Delegates	Alternates	Delegates	Alternates
<b>ADAMS</b> James M. Burk, Decatur	Harold F. Zwick, Decatur	<b>DEARBORN-OHIO</b> J. K. Jackson, Aurora	George Vail, Lawrenceburg
<b>ALLEN</b> William R. Clark, Fort Wayne	G. H. Somers, Fort Wayne	G. S. Fessler, Rising Sun	
J. L. Loudermilk, Fort Wayne	E. D. Hamilton, Fort Wayne	<b>DECATUR</b> William R. Shaffer, Greensburg	James C. Miller, Greensburg
Francis L. Land, Fort Wayne	P. L. Smith, Fort Wayne	<b>DE KALB</b> C. I. Weirich, Butler	H. V. Hippensteel, Auburn
J. H. Nill, Fort Wayne	J. S. R. McFall, Fort Wayne	<b>DELAWARE-BLACKFORD</b> Robert M. Butterfield, Muncie	George E. McCoy, Muncie
W. E. Bash, Fort Wayne	C. G. McEachern, Fort Wayne	Thomas M. Brown, Muncie	Thomas Botkin, Muncie
<b>BARTHOLOMEW-BROWN</b> Robert M. Reid, Columbus	Lowell F. Beggs, Columbus	William T. Douglas, Montpelier	Paul E. Burns, Montpelier
Robert Seibel, Nashville		<b>DUBOIS</b> J. P. Salb, Jasper	E. J. Ploetner, Jasper
<b>BENTON</b> Verne L. Turley, Fowler	Dan Tucker Miller, Fowler	<b>ELKHART</b> S. T. Miller, Elkhart	Floyd C. Martin, Goshen
<b>BOONE</b> Clarence G. Kern, Lebanon	Ritchie Coons, Lebanon	Burton E. Kintner, Elkhart	Jack W. Hannah, Wakarusa
<b>CARROLL</b> Robert M. Seese, Delphi	C. L. Wise, Camden	<b>FAYETTE-FRANKLIN</b> Bertram Sanders, Connersville	A. F. Gregg, Connersville
<b>CASS</b> Lowell J. Hillis, Logansport	D. K. Winter, Logansport	H. N. Smith, Brookville	Michael Truman, Brookville
<b>CLARK</b> Eli Goodman, Charlestown	Samuel Adair, Jeffersonville	<b>FLOYD</b> John M. Paris, New Albany	H. P. Sloan, New Albany
<b>CLAY</b> Robert K. Webster, Brazil	O. L. Wood, Brazil	<b>FOUNTAIN-WARREN</b> Lee J. Maris, Attica	Lowell R. Stephens, Covington
<b>CLINTON</b> Claude D. Holmes, Frankfort	George Hammersley, Frankfort	James W. Crain, Williamsport	Carl Nelson, West Lebanon
<b>DAVIESS-MARTIN</b> Robert H. Rang, Washington	C. Philip Fox, Washington	<b>FULTON</b> D. K. Stinson, Rochester	John Glackman, Sr., Rochester
E. B. Lett, Loogootee	Robert Chattin, Loogootee		

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<b>GIBSON</b> Virgil McCarty, Princeton	James F. Peck, Princeton
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<b>GREENE</b> Sam Rotman, Jasonville	Edwin Bailey, Linton
<b>HAMILTON</b> Harold Shonk, Noblesville	Joe Lloyd, Noblesville
<b>HANCOCK</b> D. D. Gill, Greenfield	Wayne Endicott, Greenfield
<b>HARRISON-CRAWFORD</b>	
<b>HENDRICKS</b> O. T. Scamahorn, Pittsboro	M. O. Scamahorn, Pittsboro
<b>HENRY</b> Walter M. Stout, New Castle	L. C. Marshall, Mt. Summit
<b>HOWARD</b> Richard Good, Kokomo	Garvey Bowers, Kokomo
<b>HUNTINGTON</b> Grover M. Nie, Huntington	S. M. Casey, Huntington
<b>JACKSON</b>	
<b>JASPER-NEWTON</b> J. L. Titus, Rensselaer Arthur Schoonveld, Brook	
<b>JAY</b> Forrest Keeling, Portland	Stanley Hammond, Portland
<b>JEFFERSON-SWITZERLAND</b>	
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<b>JENNINGS</b> D. W. Matthews, North Vernon	Benet W. Thayer, North Vernon
<b>JOHNSON</b> Harry E. Murphy, Franklin	C. A. Jones, Franklin
<b>KNOX</b> Herbert O. Chatten, Vincennes	V. C. McMahon, Vincennes
<b>KOSCIUSKO</b> John Johnson, Warsaw	Ryland Roesch, Warsaw
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<b>LAWRENCE</b> Howard T. Hammel, Bedford	William Robinson, Mitchell
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<b>PORTER</b>	
<b>POSEY</b> Frank Oliphant, Mt. Vernon	Harold Ropp, New Harmony



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Delegates	Alternates
<b>WABASH</b> C. J. Elward, Wabash	R. M. LaSalle, Wabash
<b>WARRICK</b> Wendell Stover, Boonville	Kenneth Rudolph, Boonville
<b>WASHINGTON</b> I. E. Huckleberry, Salem	E. R. Apple, Salem
<b>WAYNE-UNION</b> Glen Ward Lee, Richmond Frank Lewis, Liberty	Tom Shields, Richmond Fred Shepard, College Corner, Ohio
<b>WELLS</b> Truman E. Caylor, Bluffton	Richard P. Yoder, Bluffton
<b>WHITE</b> Jesse P. Galbreth, Burnettsville	
<b>WHITLEY</b> Linus J. Minick, Churubusco	Thomas G. Hamilton, Columbia City

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- 3rd District—Keith Hammond, Paoli
- 4th District—Joseph E. Dudding, Hope
- 5th District—M. C. Topping, Terre Haute
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- 11th District—Max R. Adams, Flora
- 12th District—Maurice E. Glock, Fort Wayne
- 13th District—G. O. Larson, LaPorte

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- Charles N. Combs, Terre Haute
- George R. Daniels, Marion
- Charles E. Gillespie, Seymour
- Franklin S. Crockett, Lafayette
- R. L. Sensenich, South Bend
- Herman M. Baker, Evansville
- Karl R. Ruddell, Indianapolis
- M. A. Austin, Indianapolis
- C. H. McCaskey, Indianapolis
- N. K. Forster, Pacific Palisades, Calif.
- Cleon A. Nafe, Indianapolis
- A. P. Hauss, New Albany
- Alfred Ellison, La Jolla, Calif.
- J. William Wright, Sr., Indianapolis
- Paul D. Crimm, Evansville
- Wm. Harry Howard, Hammond
- Walter L. Portteus, Franklin
- Walter U. Kennedy, New Castle

DELEGATES TO AMA

- Cleon A. Nafe, Indianapolis
- E. S. Jones, Hammond
- Gordon B. Wilder, Anderson
- Wendell C. Stover, Boonville

## REFERENCE COMMITTEES—1957

### ANNUAL CONVENTION—October 7, 8 and 9, 1957

#### Sections and Section Work

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Francis L. Land, Fort Wayne (Allen)  
Lowell J. Hillis, Logansport (Cass)  
J. C. Richter, LaPorte (LaPorte)  
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C. D. Holmes, Frankfort (Clinton)  
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#### BOONE COUNTY

Clancy Bassett, Thorntown

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Karl S. Strickland, Princeton

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1956 - 1957

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Kokomo

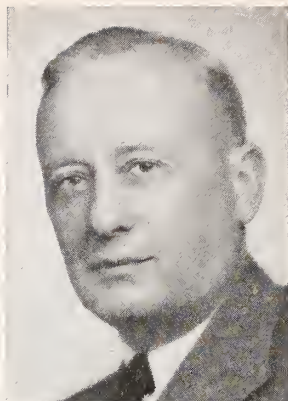
**PRESIDENT**

**INDIANA STATE MEDICAL ASSOCIATION**

**1956-1957**



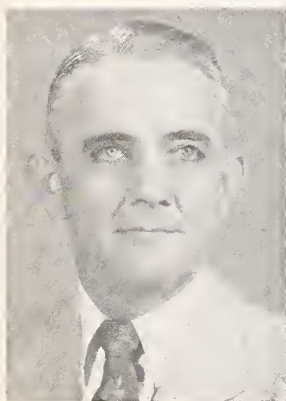
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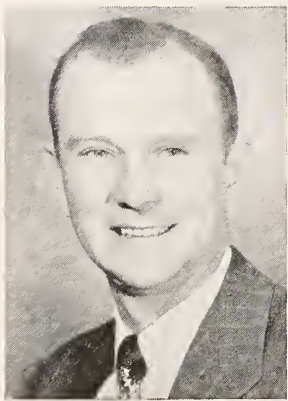
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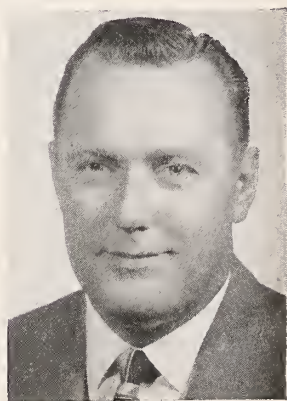
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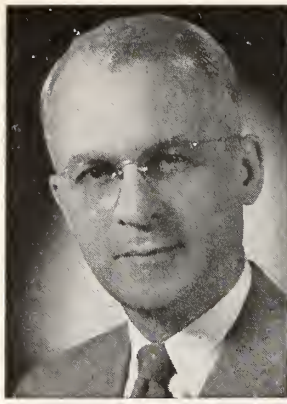


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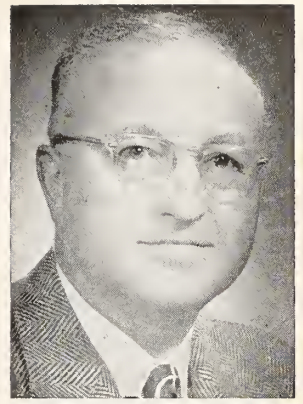
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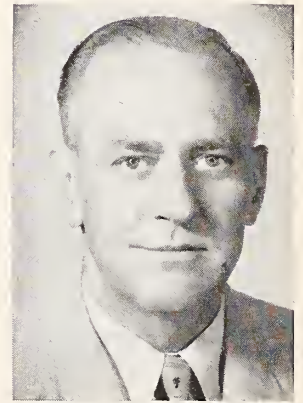
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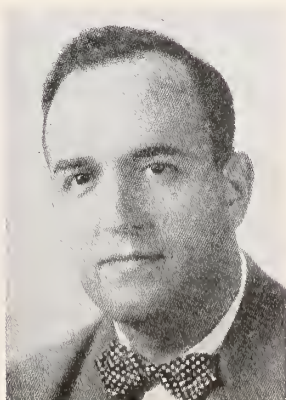
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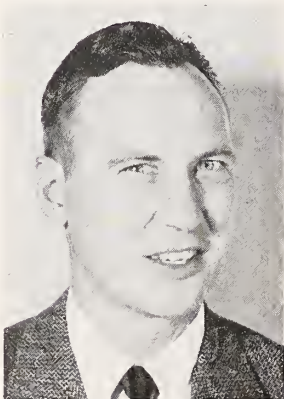


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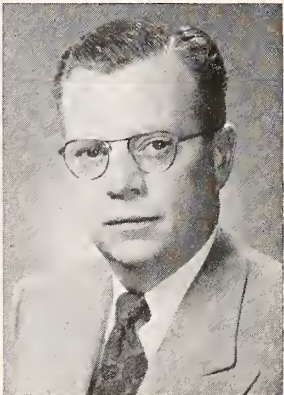


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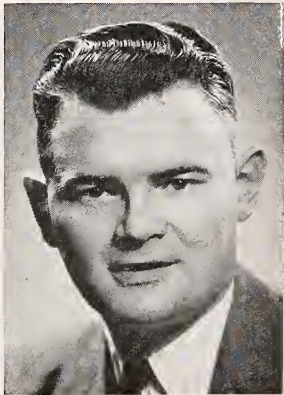
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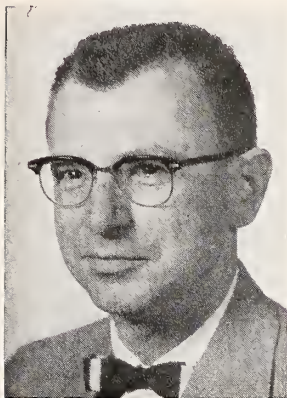


M. RICHARD HARDING  
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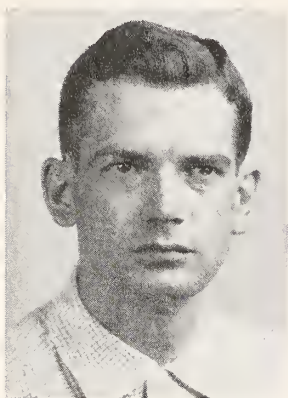
Anesthesiology

CHAIRMEN



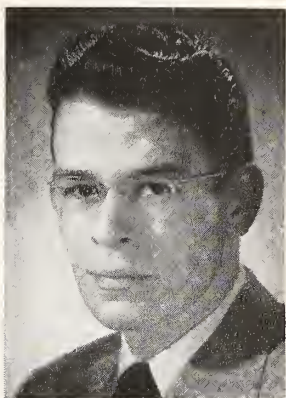
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MAHLON F. MILLER, M.D.  
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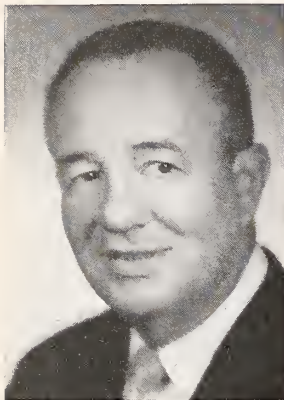
ELWOOD J. MEREDITH, M.D.  
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### GENERAL CONVENTION ARRANGEMENTS:

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**RECEPTION:** Chairman, John W. Visher, Evansville; James F. Peck, Princeton; Robert A. Royster, George W. Willison, both of Evansville.

**GOLF:** Chairman, Robert R. Acre; William D. Ritchie, Ira L. Faith, Joseph C. Lawrence, C. Curtis Young, all of Evansville.

**TRAP AND SKEET:** Chairman, William B. Challman, Mt. Vernon; Fielding P. Williams, Huntingburg; Chris W. Cullnane, James H. Crawford, both of Evansville.

**FIFTY-YEAR CLUB RECEPTION:** Chairman, H. G. Weiss, William P. Woods, both of Evansville.

**WOMEN'S ENTERTAINMENT:** Chairman, Mrs. R. Case Hammond, Evansville.

**Note:** Full committee will be published in convention programs.



# PROGRAM

108th Annual Convention—1957

## INDIANA STATE MEDICAL ASSOCIATION

French Lick-Sheraton Hotel, French Lick, Indiana

October 6, 7, 8 and 9, 1957, (Central Standard Time)

### Sunday, October 6

- 12 noon Executive Committee meeting, Mural Room.
- 3:00 Council meeting, Roost Room.
- 6:30 Meeting of House of Delegates, west dining room. (Dinner meeting).  
Invocation.

### Monday Morning, October 7

- 8:00 Registration starts, mezzanine floor.
- 8:00 Opening of technical exhibit, lobby, main floor, and mezzanine floor.
- 8:00 Opening of scientific exhibit, foyer, convention hall.
- 8:00 Annual golf tournament. Eighteen holes, low gross, low net, and blind bogie medal play. French Lick Hill Course.
- 9:00 Annual trap and skeet shoot, French Lick Springs Trap and Skeet Club.
- 9:00 Reference Committees meet.
- 9 to 12 Instructional courses.

### Monday Afternoon, October 7

- 2 to 4 Reference Committees meet.

### GENERAL MEETING

- 2 to 5 (Main Convention Hall)
- 2:00 "Work Classification of the Cardiac."  
HERMAN K. HELLERSTEIN, M.D.,  
Cleveland.

**Abstract:** The successful return of the patient with heart disease to gainful remunerative employment with status and self-esteem is the hallmark and goal of complete rehabilitation.

This report reviews some basic principles of rehabilitation as they relate to work classification, and presents a statistical analysis of the experience of the Work Classification Clinic of The Cleveland Area Heart Society.

The philosophy, composition, purposes and **modus operandi** of the Work Classification Clinic will be reviewed. A team approach integrating medical, vocational, and social sciences has been employed. The 1,000 subjects studied were representative of a large cross-section of Cleveland industry. They were adults, predominantly white and male, non-indigent, and had a stable yet varied work background. The etiologic categories of heart disease were representative of clinical heart disease.

Multiple factors determined the employability of these subjects. Emotional factors, particularly undue apprehension and anxiety were exhibited by most subjects.

The energy cost of work and non-work activities was an important factor in work classification of the cardiac. The results of on-the-job studies of the essayist and Doctor Amasa B. Ford, and of others will be reviewed, and related to the clinical estimation of the individual's work capacity.

The vocational needs were diverse, and, in individual cases, were multiple. Almost one-half needed significant vocational guidance.

During the interval of follow-up, possible in 98 percent of the cases, an appreciable mortality occurred, and surprisingly correlated well with the initial estimate of the functional and therapeutic capacity. Nevertheless, twice as many subjects either remained the same or improved as deteriorated, from both cardiac and employment standpoints. The team approach of the Work Classification Clinic has helped patients with heart disease obtain employment, retain their job, and to be reassigned. The wide variety of jobs held by the subjects with heart disease dispels the concept of a cardiac job. To date there has been no evidence that recommended employment of the cardiac subject is dangerous to himself or to his employer. There have been no compensation claims.

Because of the complexity of the effects of disease on heart function, and on the patient, a holistic approach is required in order to evaluate medical, psychiatric, social, and vocational facets. The principles of total evaluation and integration can be applied by the private physician, or special work clinics.

- 2:30 "Impairment Rating in Accident and Industrial Cases."

ALLAN K. HARCOURT, M.D., Indianapolis.

**Abstract:** The physician is an important agent in the matter of settlement of personal injury claims. He estimates the amount of impairment. Under the Workman's Compensation Act there is a formula for specific permanent impairment determination. A formula can also be devised for the non-industrial permanent impairment.

- 3:00 Time allowed to visit exhibits.

## Monday's Speakers



DR. HELLERSTEIN

**HERMAN K. HELLERSTEIN,  
M.D.  
Cleveland, Ohio**

Assistant physician, University Hospitals of Cleveland; assistant professor of medicine, Western Reserve University School of Medicine, Cleveland; director of the Work Classification Clinic, Cleveland Area Heart Society; and consulting cardiologist, Sunny Acres Tuberculosis Hospital, Cleveland. Dr. Hellerstein is a native of Ohio. He received his medical degree from WRU School of Medicine in 1950. He was a battalion surgeon with the 7th Armored Division in Europe for three and a half years during World War II.

3:30 to 4:30 "Office Gynecology."

**WILLIAM J. DIECKMANN, M.D.,  
Chicago.**

Mary Campau Ryerson Professor of Obstetrics and Gynecology University of Chicago, the School of Medicine.

**Abstract:** The patient comes to the doctor for the diagnosis and treatment and time and money are saved if as much as possible of the necessary procedures are carried out in the doctor's office, with safety for both.

**Vaginitis:** Diagnosis by smear, hanging drop or culture and treatment of trichomonas, yeast and non-specific will be discussed.

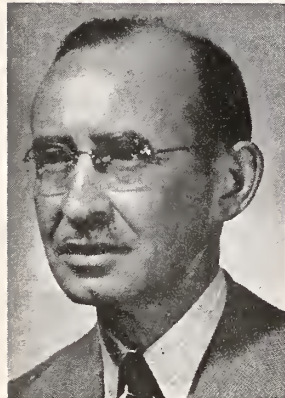
**Abnormal bleeding or discharge:** The differential diagnosis of various cervical and uterine lesions will be discussed as well as the use of cytology and biopsy.

**Retrodisplacement of the uterus:** The various procedures for correction, Kustner, knee chest, mercury bag, will be discussed.

**Pessaries:** Their use for the treatment of retrodisplacement, prolapse, cystocele and urinary incontinence will be demonstrated.

**Operative procedures:** Sounding of the corpus uteri to locate it. Dilation of the cervix in the treatment of dysmenorrhea. Cautery, conization, curettage of the cervix and of the endometrium.

**Miscellaneous subjects:** such as condyloma accuminata, kraurosis of the vulva, phimosis.



DR. HARCOURT

**ALLAN K. HARCOURT, M.D.  
Indianapolis**

In practice of industrial medicine; on teaching staff of Indiana University School of Medicine, Department of Surgery; and instructor for intern-resident program at Methodist Hospital. Born in Indiana, Dr. Harcourt is a 1922 graduate of I. U. School of Medicine. He is a Fellow of the Industrial Medicine Association, and 15th District Councilor for that organization.

## Monday Evening, October 7

6:30 Supper, smoker and stag party, main dining room.

8:30 Entertainment by Woman's Auxiliary to Vanderburgh County Medical Society for physicians, wives and guests, main dining room.



DR. DIECKMANN

**WILLIAM J. DIECKMANN,  
M.D.  
Chicago, Illinois**

Professor of obstetrics and gynecology, University of Chicago, the School of Medicine; former chairman of the department of obstetrics and gynecology, University of Chicago, and chief-of-staff, Chicago Lying-in Hospital. Dr. Dieckmann is editor of the American Journal of Obstetrics and Gynecology. He is a native of Illinois and received his medical degree in 1922 from Washington University School of Medicine.

Reports of officers and committees, proposed changes in the Constitution and By-Laws of I.S.M.A. and resolutions are printed on pages 1148-1234.

Read and study them -- discuss them with your delegates.



## Tuesday Morning, October 8

- 8:00 Registration continues, mezzanine floor.
- 8:00 Technical exhibit, lobby, main floor, and mezzanine floor.
- 8:00 Scientific exhibit, foyer, convention hall.
- 8 to 10 Instructional courses.
- 11:00 Editorial Board meeting, Directors' Room.  
Luncheon at 12.

## GENERAL MEETING

9:30 to 12 (Main Convention Hall)

- 9:30 *"The Prediction and Prevention of Coronary Heart Disease."*

JOHN W. GOFMAN, M.D., Berkeley, California.

Professor of Medical Physics, University of California School of Medicine.

**Abstract:** It has been possible to identify two major sets of factors which predispose to future development of coronary heart disease. One such factor is the blood concentration of certain lipoprotein classes, summarized in a composite value designated as the Atherogenic Index. The other factor is the blood pressure. The lipoprotein findings provide a rational basis for a preventive medical regimen for coronary disease, which will be outlined in detail.

- 10:00 *"Modern Treatment of Atherosclerosis."*

ROBERT E. SHIPLEY, M.D., Lilly Laboratory for Clinical Research, Indianapolis.

**Abstract:** The reduction of elevated cholesterol levels in the blood is believed to be the most promising approach to the treatment of patients exhibiting manifestations of atherosclerosis. Toward this end, the following means are being employed—Dietary restriction of calories, fat, or certain kinds of fat, the addition of certain kinds of fat, or essential fatty acids, the administration of thyroid or its analogs, and the administration of the cholesterol blocking agent, sitosterol.

- 10:30 Time allowed to visit exhibits.

- 11:00 *"Surgical Management of Benign Conditions of the Large Bowel."*

HENRY K. RANSOM, M.D., Ann Arbor.

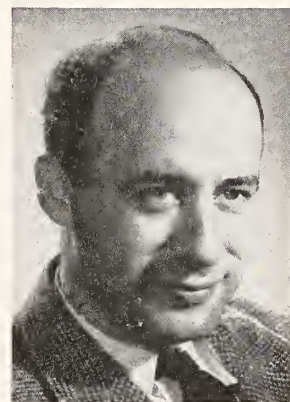
Professor of Surgery, University of Michigan Medical School.

**Abstract:** Diverticulosis and diverticulitis of the colon are becoming more important medical problems with increasing human longevity. In the past operative treatment has been restricted chiefly to the complications of the disease. The recent trends have been toward resection in the intractable uncom-

## Tuesday's Speakers

JOHN WILLIAM GOFMAN, M.D.  
San Francisco, California

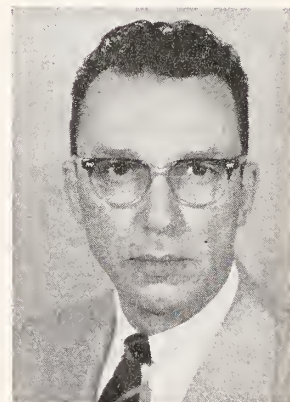
Professor of medical physics, University of California, Berkeley; specialist in internal medicine and research. Dr. Gofman is a native of Cleveland, Ohio. He received his degree in medicine from the University of California School of Medicine in 1946.



DR. GOFMAN

ROBERT E. SHIPLEY, M.D.  
Indianapolis

In full time research at the Lilly Laboratory for Clinical Research since 1945, specializing in physiology and cardiovascular research. Dr. Shipley is a native of Dayton, Ohio. He is a 1938 graduate of Western Reserve University, School of Medicine, Cleveland.



DR. SHIPLEY

HENRY KING RANSOM, M.D.  
Ann Arbor, Michigan

Professor of surgery, University of Michigan Medical School, visiting surgeon, St. Joseph Mercy Hospital, Ann Arbor. He specializes in general surgery. Dr. Ransom was born in Jackson, Michigan, and received his medical degree from the University of Michigan in 1923. He is a diplomate, American Board of Surgery; fellow, American College of Surgeons; past president of Central Surgical Association; and a member of other specialty groups. He was vice-chairman of the A.M.A. Section on Surgery, General and Abdominal, in 1956-57.



DR. RANSOM

plicated cases, toward left hemi-colectomy instead of segmental sigmoid resection and more frequent use of a one-stage type of resection.

In chronic ulcerative colitis, both general and local complications of the disease may constitute indications for surgical treatment.

When operation is indicated, ileostomy and subtotal or total colectomy are now regarded as the procedures of choice.

Restoration of intestinal continuity is rarely possible but occasionally when the rectum can be retained, ileoproctostomy at a later date is feasible.

# 11:30 "The Medical Management of Benign Lesions of the Large Intestine."

J. ARNOLD BARGEN, M.D., Rochester, Minnesota.

Professor of Internal Medicine, University of Minnesota Graduate School.

**Abstract:** Although there are a great many benign conditions of the large intestine, these remarks will be confined largely to the management of patients with chronic ulcerative colitis and with diverticulitis. These two inflammatory conditions of the large intestine are the most common large intestinal lesions. The former is more apt to afflict people in the second and third decades of life, the latter more likely in the fourth and fifth decades. The vast majority of the patients with ulcerative colitis respond in a satisfactory manner to a medical program of management. This will be discussed in some detail. About 75 to 80 per cent of patients with diverticulitis can be managed satisfactorily and the attacks of diverticulitis controlled without surgery. A satisfactory program of management will be discussed.



DR. BARGEN

## J. ARNOLD BARGEN, M.D. Rochester, Minnesota

Professor of medicine, Mayo Foundation, University of Minnesota, and chairman of the department of gastroenterology, Mayo Clinic, Rochester, Minnesota. As a specialist in gastroenterology, Dr. Bargaen is a consultant at Mayo Clinic, St. Mary's and Methodist Hospitals, Rochester. He is a past president of the American Gastroenterological Association, was president of the Mayo Clinic staff in 1956, and president of Minnesota State Medical Society in 1957. A native Minnesotan, Dr. Bargaen was graduated in 1921 from Rush Medical College, Chicago.

## Tuesday Noon, October 8

- 12 Luncheon meeting, Section on Medicine, Roost Room, West.
- 12 Luncheon meeting, Section on Surgery, Roost Room, East.
- 12 Luncheon meeting, Section on General Practice, South Foyer, left.
- 12 Luncheon meeting, Section on Public Health and Preventive Medicine, and Indiana Health Officers' Association, South Foyer, right.
- Andrew C. Offutt, M.D., Indianapolis, State Health Commissioner, presiding.
- Speaker: PETER STECY, M.D., Whiting, Lake County Health Officer.
- Subject: "The Role of the Practicing Physician in Public Health."
- Health Officers business meeting.
- Daniel G. Bernoske, M.D., Michigan City, chairman, Section on Public Health and Preventive Medicine, and President, Indiana Health Officers' Association, presiding.
- Election of Section Officers for 1958.
- 12 Luncheon meeting of members of State and County Tuberculosis Committees, Mural Room. Indiana Chapter of American College of Chest Physicians participating.
- Business meeting.
- Speaker: STUART R. COMBS, M.D., Terre Haute.
- Subject: "Non-tuberculous Suppurative Diseases of the Lungs."
- X-ray symposium. Members are invited to bring interesting films for discussion.
- 12 Luncheon meeting of Past Presidents of the Indiana State Medical Association, T.V. Room.
- 12 Luncheon meeting of Indiana Association of Pathologists, Demon's Den.
- 12 Luncheon meeting of examiners for Civil Aeronautics Association and members of Aero Medical Association, Monon Room.
- 12 Phi Rho Sigma luncheon meeting, porch or main dining room.
- 12 Nu Sigma Nu luncheon meeting, porch or main dining room.
- 12 Phi Beta Pi luncheon meeting, porch or main dining room.



Tuesday Afternoon, October 8

GENERAL MEETING

2 to 5 (Main Convention Hall)

2:00 "The Electrocardiogram in Coronary Disease."

GEORGE E. BURCH, M.D., New Orleans.

Henderson Professor of Medicine, Tulane University, School of Medicine.

**Abstract:** The electrocardiogram can be of considerable assistance in the study of the heart in coronary disease if it is used merely as an adjunct to adequately and carefully obtain clinical data. To expect the electrocardiogram to provide a complete cardiac evaluation, however, is not proper. On the other hand, its integration with clinical data results in more adequate interpretation of the status of the coronary circulation. These ideas will be supplemented by electrocardiographic illustrations to emphasize the importance of simple electrocardiographic applications to properly and carefully obtained history and physical examination of the patient with heart disease.

3:00 "The Epidemiology of Influenza."

ALEXANDER D. LANGMUIR, M.D., Atlanta.

Chief, Epidemiology Branch, Communicable Disease Center, Public Health Service, Federal Security Agency.

**Abstract:** The epidemics of mild viral influenza that have spread from Red China via Hong Kong throughout the world during the spring and summer of 1957 represent the most dramatic epidemiologic phenomena of modern times. An up-to-the-minute report will be given of the status to date, including an evaluation of events to come and a consensus of opinion on prophylaxis and treatment.

3:30 Time allowed to visit exhibits.

4:00 "What's New?—Important Developments."

WALTER L. PORTEUS, M.D., Franklin, presiding.  
Mystery speaker.

GEORGE E. BURCH, M.D.  
New Orleans, Louisiana

Henderson professor of medicine, Tulane University, School of Medicine, and physician-in-chief, Tulane Unit, Charity Hospital, New Orleans, Louisiana. Dr. Burch received his degree in medicine from Tulane University of Louisiana School of Medicine in 1933. He specializes in internal medicine.



DR. BURCH

ALEXANDER D. LANGMUIR, M.D.  
Atlanta, Georgia

Director of the Epidemic Intelligence Service and programs of national surveillance of poliomyelitis, influenza, and other communicable diseases of national importance. Chief of the Epidemiology Branch, Communicable Disease Center, USPHS, Atlanta. He was graduated from Harvard in 1931, received his medical degree from Cornell University Medical College in 1935, and his M.P.H. from Johns Hopkins University School of Hygiene and Public Health in 1940. Dr. Langmuir was born in Sacramento, California. He was with the New York State Health Department and professor of epidemiology at Johns Hopkins before going to Georgia.



DR. LANGMUIR

Tuesday Evening, October 8

7:00 President's Night Dinner, main dining room.

8:15 Address, ELTON R. CLARKE, M.D., Kokomo, President.

8:30 Entertainment.



# PRESIDENT'S NIGHT

Another star-studded variety show will be presented on PRESIDENT'S NIGHT at the French Lick-Sheraton on Tuesday evening, October 8. Following custom, the acts have been selected to entertain you . . . to furnish laughs and surprises.

Robert Ross, left, internationally known humorist, will act as master of ceremonies, introducing the acts including his own comedy team. From coast to coast and from London's Palladium, critics have sung the praises of Bob Ross . . . "original . . . top drawer . . . talented . . . hilarious . . . pleasant personality," they say.



## ☆ THE FARRELL SISTERS—Joan and Jean

One of the peppiest musical acts in the country, presented by TWINS . . . they dance, play and sing. Recently with the Harlem Globe Trotters for two seasons . . . they offer youth, showmanship, and talent.

## ☆ TANYA and BIAGI—

Seldom in the history of show business has there been such a completely refreshing and clever comedy dance routine as presented by TANYA AND BIAGI . . . recently at the Latin Quarter, New York, the Desert Inn, Las Vegas, and Radio City, New York.

## ☆ KEN WHITMER—

Palace Theatre, New York says he's always the next-to-closing act and Billboard reported he was "solid, as usual, combining comedy with fine musicianship for excellent crowd-pleasing results."





# ENTERTAINMENT

The booking agents furnished a "tentative program" but with Bob Ross as emcee and an all comedy and musical bill anything can happen. The last may be the first and the first, last but all will be the best if critics are right.

## ☆ ROBERT ROSS and MAXINE STONE—

A comedy act worthy of your trust, for comedy is a serious business with ROSS and STONE . . . they are forever conscious of your good taste. Variety reported "They provided the most original comedy offering seen at the Palladium in years" . . . New York Daily News said "their Palace act was top-drawer entertainment" . . . other critics say Maxine Stone steals the show . . . some give Ross the edge, referring to him as "a talented, accomplished showman and wit who surprises with his robust singing and piano" . . . all agree "you just can't stop laughing".



## ☆ ARREN and BRODERICK—

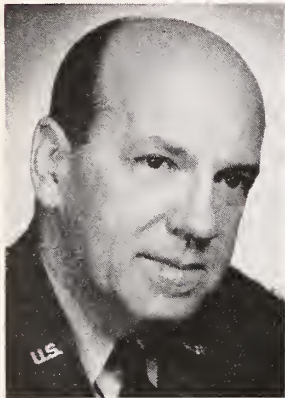
Charlotte Arren and Johnny Broderick have appeared in vaudeville, musical comedy, motion pictures, and all the famous niteries in the U.S. . . . they've established their fame in Europe where they played command performances for the British Royal family, and where they were voted the "Act of the Year" by a first nighters group. Variety says "About the clearest show-stopper in months" . . . in Minneapolis a reviewer said "they demonstrated the rarest kind of artistry . . . the ability to tear a classic to shreds by diabolic burlesque." With Johnny at the piano and Charlotte vocalizing they call their act "Riotous Rhapsody".



## ☆ Music by the WALT JACKSON COMBO.

YOU'LL NOT WANT TO MISS  
PRESIDENT'S NIGHT THIS  
YEAR!

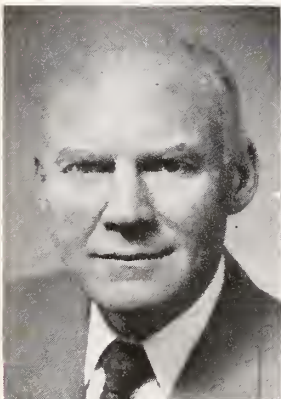
## Wednesday's Speakers



COL. SHAEFFER

**JOSEPH R. SHAEFFER, M.D.**  
(COL., M.C.)  
Washington, D. C.

Consultant on Medical Care in Disaster to Director, Walter Reed Army Institute of Research. He formerly held posts as chief of the departments of surgery at several military hospitals, was consultant on surgery and on atomic casualties studies to The Surgeon General, U. S. Army, and was chief, Department of Atomic Casualties Studies, Walter Reed Army Institute of Research in 1956. Colonel Shaeffer received his medical degree from Cornell University in 1929 and subsequently was attending surgeon at Bellevue and other New York hospitals, and instructor in surgery at NYU Medical College from 1931 to 1942.



DR. FURSTENBERG

**ALBERT C. FURSTENBERG, M.D.**

Ann Arbor, Michigan

Dean of the Medical School, University of Michigan; chairman of the department of otolaryngology and professor of otolaryngology. Dr. Furstenberg was born in Saginaw, Michigan. He received his degree in medicine from the University of Michigan Medical School in 1915. He is a diplomate of the American Board of Otolaryngology and holds memberships in many specialty organizations.



DR. MCCALL

**MILTON L. MCCALL, M.D.**  
New Orleans, Louisiana

Professor and head of department of obstetrics and gynecology, Louisiana State University School of Medicine, New Orleans; chief of the LSU Unit, obstetrics and gynecology, and senior visiting surgeon, Charity Hospital of Louisiana, New Orleans. Dr. McCall is a native of Peru, Indiana and a graduate of Indiana University School of Medicine, 1939.

## Wednesday Morning, October 9

- 7:30 Committee on Industrial Health breakfast meeting, Room 107.
- 7:30 Indiana State Chapter of International College of Surgeons breakfast meeting, Mural Room.
- 8:00 Registration continues, mezzanine floor.
- 8:00 Technical exhibit, lobby, main floor, and mezzanine floor.
- 8:00 Scientific exhibit, foyer, convention hall.

## GENERAL MEETING

9:30 to 12 (Main Convention Hall)

- 9:15 "Medical Problems in Disaster Management."

**JOSEPH R. SHAEFFER, M.D., COL., MC., Washington, D.C.**

Consultant on Medical Care in Disaster, Walter Reed Army Institute of Research, Walter Reed Army Medical Center.

**Abstract:** The continuing frequency with which floods, storms and fires strike our communities with loss of life and extensive property damage makes necessary a review of our organization and preparation at all levels to cope with sudden catastrophe. The immediate and urgent medical problems which follow in their wake invariably overtax the local capabilities for hours and frequently days. Furthermore, the advent of atomic weapons as instruments of war and their known tremendous power of destruction reemphasizes the need to prepare and train for disaster everywhere. The medical profession at large has an unavoidable responsibility in this national problem both in time of peace and time of war. Under such conditions rescue and salvage of lives, alleviation of suffering and restoration of a safe and healthy environment requires maximum medical effort around the clock. To be effective this effort must have been organized and trained before the fact for in any race with time action must be prompt and decisions final. Compromises with the ideal are frequently mandatory.

The basic principles of the medical management of a disaster will be reviewed.

- 10:00 "Tumors and Cysts of the Head and Neck."

**ALBERT C. FURSTENBERG, M.D., Ann Arbor.**

Dean, and Professor of Otolaryngology, University of Michigan Medical School.

**Abstract:** There is, perhaps, no chapter in the study of pathology more interesting than that which treats of the tumors and cysts of teratological origin. The occurrence of these lesions in various organs of the body as the result of congenital disturbances of development or the misplacement of embryonal cells, is a common example of a few of the mysterious factors pertaining to the genesis of neoplastic growth. In one instance we may be dealing with a tumor which develops from a mass of tissue misplaced during the development of the embryo, in another, the neoplasm is more logically explained as a proliferation of aberrant cell collections. Both formations give rise to an extensive group of heterologous tumors, varying from the simple cysts to the larger, more complex teratoid growths which may contain a collection of widely differentiated cells from many organs of the body.

- 10:30 Time allowed to view exhibits.



11:00 "Modern Physiological Concepts in the Therapy of Pregnancy Toxemia."

MILTON L. McCALL, M.D., New Orleans.

Professor of Obstetrics and Gynecology, Louisiana State University School of Medicine.

**Abstract:** In recent years much more of the basic physiology of pregnancy has come to be understood. Likewise, the pathologic physiology associated with toxemia of pregnancy has become clearer. While the latter disease, whose etiology remains a mystery, is still a common cause of maternal mortality, it now can be treated more successfully than ever before when these modern physiologic advances are utilized.

11:30 "Infant Resuscitation."

VIRGINIA APGAR, M.D., New York.

Professor of Anesthesiology, Columbia University College of Physicians and Surgeons.

**Abstract:** Steps in the resuscitation of the newborn as adopted by a New York County Medical Society special committee on Infant Mortality will be discussed. The following is an outline of the plan:

1. What type of infant needs resuscitation?
2. What to do.

**For all Infants**

- a) **Head down** during immediate postpartum treatment
- b) **Suction** pharynx with two holed Rausch catheter attached to a DeLee trap. If baby is yelling and the pharynx dry this is not to be continued.
- c) **Stimulation** of cough or sneeze reflex with intranasal catheter after the pharynx is clear.
- d) **Score** of infant is to be determined after one minute (heart rate; respiratory effort; muscle tone; reflex irritability; color.)

**For Depressed Infants** (Score of four or less)

Give oxygen

- a) By funnel or mask, if infant is breathing, but hypoventilating.
- b) Positive pressure oxygen, pharyngeal if infant is very depressed.
  - 1) Use Airway<sup>1</sup> in pharynx in all cases.
  - 2) If heart rate increases therapy is being effective.
- c) If no improvement in fifteen seconds and the infant is flaccid immediate laryngoscopy<sup>2</sup>.
  - 1) Diagnosis and aspiration of blood, vernix, etc. blocking airway.
  - 2) Place towel under infant's shoulders.
  - 3) Laryngoscope is held in the left hand and introduced into the right side of the infant's mouth. Shift scope to center when the glottis is in view.
  - 4) The scope should now be between the base of the tongue and the epiglottis. Now tilt the tip of the instrument upward to raise the epiglottis out of the way and thus expose the entrance to the trachea.
  - 5) Introduce the intratracheal tube<sup>3</sup> under direct vision from the right side of the infant's mouth and push tip into the tracheal orifice and advance same up to the flange.
  - 6) Withdraw laryngoscope carefully so as not to displace tube and then blow air or oxygen into tube.
  - 7) The presence of the tube in the trachea can be proven by having air or oxygen cause the chest wall to rise.
- d) The intratracheal tube is removed when the infant is breathing spontaneously and the heart rate is maintained at 100 or more.
- e) Antibiotics intramuscularly for three days.
  - 1) 100,000 units of penicillin.
  - 2) 100 mgms. per kilo of body weight of Chloromycetin.

<sup>1</sup> Berman Infant Airway.

<sup>2</sup> Infant Laryngoscope with premature blade. Foregger & Co.

<sup>3</sup> Cole Infant Intratracheal Tube, Sizes 12 & 14 French.

VIRGINIA APGAR, M.D.  
New York City

Professor of anesthesiology, Columbia University College of Physicians and Surgeons, and The Presbyterian Hospital, New York City. Dr. Apgar is also attending anesthesiologist at Presbyterian Hospital, and consultant anesthesiologist at Valley Hospital, Ridgewood, New Jersey. She was born in Westfield, New Jersey and received her degree in medicine from Columbia University College of Physicians and Surgeons in 1933.



DR. APGAR

## Wednesday Noon, October 9

- 12 Joint luncheon meeting, Sections on Obstetrics and Gynecology, and Anesthesiology, Roost Room.

Speaker: VIRGINIA APGAR, M.D., New York.

Subject: "Obstetrical Anesthesia."

- 12 Indiana Roentgen Society luncheon meeting, Mural Room.

- 12:15 Phi Chi luncheon meeting, Hoosier Room.

## Wednesday Afternoon, October 9

- 12:30 Final meeting of House of Delegates, west dining room. (Luncheon meeting).

Council meeting immediately following adjournment of House of Delegates.

Meeting of Executive Committee following Council meeting.

- 5:30 Reception for members of Fifty-Year Club, Mural Room.

Chairman: H. G. WEISS, M.D., Evansville.

## Wednesday Evening, October 9

- 6:00 President's Reception, formal gardens.
- 7:00 Annual dinner, main dining room.  
Presiding officer, ELTON R. CLARKE, M.D., President, Indiana State Medical Association.  
Invocation.  
Recognition of Fifty-Year Club members.  
Award to Physician of the Year.  
Presentation of plaque to ELTON R. CLARKE, M.D., president, 1957, by M. C. TOPPING, M.D., president, 1958.  
Awarding of attendance gifts.

Speaker: RUSSELL B. ROTH, M.D.

Erie, Pennsylvania

Dr. Roth will present "An Oblique View of Medical Public Relations". Nationally recognized as an after-dinner speaker, Dr. Roth presents a fresh approach to a much-discussed subject.

## WOMEN'S ENTERTAINMENT

Mrs. R. Case Hammond, Evansville, General Chairman

### Sunday, October 6

- 6:30 p.m. Dinner meeting of Past Presidents' Club, TV Room.

### Monday, October 7

- 8:00 a.m. Registration starts, mezzanine floor.
- 2:30 p.m. Executive Board meeting.
- 6:30 p.m. Dinner, honoring past presidents of the Woman's Auxiliary to the Indiana State Medical Association, west dining room. Mrs. Wendell C. Stover, Boonville, president, presiding. Jackson-Jennings Auxiliary, hostesses.
- 8:30 p.m. Entertainment, by Woman's Auxiliary to Vanderburgh County Medical Society in conjunction with the Indiana State Medical Association, main dining room.



BISH THOMPSON

Bish Thompson, humorist, philosopher and commentator—winner of the Scripps-Howard Ernie Pyle Memorial Award in 1956. Tennessee-born, reared in Kansas, and now a genuine Hoosier, he is versatile, genuine, and witty. He's an Evansville columnist and radio personality.

- 2:30 p.m. Bridge and Canasta, Porch, French Lick-Sheraton Hotel, Jefferson-Switzerland Auxiliary, hostesses.
- 7:00 p.m. President's Night Dinner and entertainment in conjunction with the Indiana State Medical Association, main dining room.

### Tuesday, October 8

- 8:00 a.m. Registration continues, mezzanine floor.
- 8:30 a.m. Organization breakfast, west dining room.
- 10:00 a.m. Board meeting, Woman's Auxiliary to the Indiana State Medical Association, North Convention Hall.
- 12:30 p.m. Luncheon, Woman's Auxiliary to the Indiana State Medical Association, west dining room. Dearborn-Ohio Auxiliary, hostesses.  
Speaker: BISH THOMPSON.

### Wednesday, October 9

- 8:00 a.m. Registration continues, mezzanine floor.
- 8:30 a.m. Golf, Flat Course.
- 6:00 p.m. ISMA President's Reception, formal gardens.
- 7:00 p.m. Annual dinner, in conjunction with Indiana State Medical Association, main dining room.



announcing...

a new practical  
and effective method  
for lowering blood  
cholesterol levels...

**Arcofac**

Just one dose a day effectively  
lowers elevated blood cholesterol  
... while allowing the patient  
to eat a balanced ... nutritious ...  
and palatable diet

Each tablespoonful of emulsion contains:

Linoleic acid.....	6.8 Gm.
Vitamin B <sub>6</sub> .....	0.6 mg.
Mixed tocopherols (Vitamin E)	11.5 mg.

(sodium benzoate as preservative)

Arcofac is effective in small doses  
and is reasonable in cost  
to the patient



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LABORATORIES**

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KANKAKEE, ILLINOIS

**Arcofac**

Armour...Cholesterol Lowering...Factor

get the government to reimburse us in full for the actual cost of administering this program. This included salaries of two employees, rent, light, heat, power, telephone, telegraph, printing, office supplies and a rental for the use of desks, chairs, et cetera.

We then subcontracted with the State Medical Society of Wisconsin to do the necessary IBM work which is required, after Blue Shield stated they would not be interested in handling this work on a subcontract basis. Wisconsin is currently handling this phase of the program for Iowa, Minnesota, North Dakota and Indiana, in addition to that of their own state. This arrangement has been approved by Washington, and they have agreed to reimburse us in full the cost of having Wisconsin do this work.

We have also been faced with the problem of financing the payment of physicians' claims. We were faced with borrowing money and paying interest, cashing some of our investments and losing the interest, or holding in escrow the checks for physicians until government reimbursement is made, mailing the checks after the reimbursement is deposited. The latter method was authorized by the Council. This has caused a delay in payment at the beginning of the program, but we feel that once the change-over is completed and everything worked out, payment can be speeded up on a regular cycle. As of July 31, 709 claims totaling more than \$51,000 were in process of having the checks prepared. It is pointed out that since the program went into effect on December 7, 1956 over 2,000 claims totaling over \$147,000 have been processed by the Association.

#### **MEMBERSHIP REPORT**

Your attention is called to the growth of the Association. As of July 31, 1957 we had 4,092 members, a gain of 82 members over the close of 1956. It is entirely possible that before the year ends we will pass the 4,100 mark. Increases are shown in AMA members also, present AMA membership as of July 31 standing at 3,940. If we could raise this figure to 4,001, Indiana would be entitled to another delegate to the AMA and we are hoping this goal may be attained by the end of 1957.

#### **AMERICAN MEDICAL EDUCATION FOUNDATION**

Each meeting of the Council has seen a report of the operation of the Foundation, and each year the voluntary contributions from physicians have been falling. We dropped from \$63,163.04 in 1952 to \$19,075.00 in 1956, and so far during 1957 our contributions indicate they will fall far below the 1956 figure. The Council discussed this matter at length during the April meeting, and it came to the conclusion Indiana was going to have to follow the example set by several of the other states if we were to uphold our obligation. Therefore the Council voted to recommend to the House

of Delegates that effective with the 1958 dues year, dues be increased \$10 per member and that this sum be placed in the Medical Education Foundation. This sum is lower than in most of the other states. California collects \$25 per member, Illinois \$20 and the average collected in the states using this method for raising their contributions for this purpose is \$25 per member.

#### **MALPRACTICE INSURANCE**

Many members have complained about the high cost of malpractice insurance over the past few years, but as yet the membership has not seen fit to join together in one company so there would be a possibility of obtaining a more favorable rate. As it is today, we have a small number of physicians patronizing many different carriers. The Association in 1946 entered into an agreement with the Saint Paul Mercury Indemnity to provide this coverage for members of the Association. The policy was written by the Association and contains provisions which the Association believed essential. The Council has approved a plan for the Association to join hands with the St. Paul Company in an effort to obtain a better spread of the risk, and thereby be able to effect a reduction in premium rates. As chairman of the Council, I would recommend that in addition to this effort that the Association, through its legal counselors, file a petition for a hearing with the State Insurance Commissioner at any time in the future when insurance carriers seek approval of further increases in this field of insurance. In many cases I believe it would be difficult for some of these companies to justify further increases on the basis of their experience in Indiana.

#### **STATE HEADQUARTERS FACILITIES**

In accordance with the action of the Council, the chairman appointed a committee to investigate and plan for headquarters office facilities. It is a fact that the Association has outgrown its present office space, even though additional space was acquired a few years ago. We are faced with the problem of attempting to rent additional space, and then undertaking an extensive remodeling program, or else finding another location. While the Executive Committee and the Council have improved the office over the past several years, our Association offices leave a lot to be desired. There has been a feeling at various times over the past several years that our Association should have its own building, which would provide ample space for conducting the business of our Association, be in keeping with the prestige of the profession and offer to our members a facility convenient for their use.

With the expansion of our program, growth of membership, we should take a very serious look toward the future of our Association facilities. As it now stands, it is necessary that we handle our committee activity outside our Association



offices. Many states, over the period of the last five years, have found it advantageous to have their own facilities. The Medicare program itself, should we have a national emergency, could see its staff grow to 20 or 30 employees almost overnight. I would remind you however, if this should happen it will not be at the expense of the Association.

It has been suggested that we should consider a facility which would have space for rental which later on could be taken over in case we would need additional space. It is not impossible that our allied professions such as the Dental Association, Nurse Association and even the Bar Association would favor space in such a building. I do not know what the committee will report, but I would urge serious consideration of this problem.

Another matter which the Council has discussed is the investment of surplus funds. The Association has lost thousands of dollars of income over the past few years by the restriction that we could invest only in government securities and municipal bonds. A committee has been appointed by the Council to study this matter and make its report. We feel this is another matter the Association should seriously consider.

The report of the Auditor has been received by the Council and we find the funds are in proper order.

I take this opportunity to express my thanks to the members of the Council and the officers of the Association for their cooperation during the past year.

GUY A. OWSLEY, M.D., *Chairman*

## Reports from District Councilors

### FIRST COUNCILOR DISTRICT

Nothing special to report. The principal activity was the participation of several of the counties in the polio immunization campaign which was successful, especially Vanderburgh County.

The last meeting of the district was held at Mount Vernon in the spring and the next meeting is expected to be held at Tell City. The date has not yet been determined.

WILLIAM B. CHALLMAN, M.D., *Councilor*.

### SECOND COUNCILOR DISTRICT

The Second District Medical Association has had a very successful year with no major problems. Attendance at the county medical societies' meetings has been good. There is still a great deal of activity in the respective communities to secure more hospital space and improve the hospital standards.

The annual meeting of the society was held at the Linton Country Club and the Greene County

Medical Society acted as host. They were assisted in the preparation of the program by the Indiana Academy of General Practice. Charles G. Dosch was present and introduced Dr. Morris E. Thomas, of Indianapolis, who gave a very interesting discussion on "The Viruses". Dr. James H. Gosman of Indianapolis used lantern slides to illustrate his well prepared lecture on "Dermatology in General Practice."

At the business session Dr. Stanley Brown was elected Secretary for the coming year and Dr. J. H. Crowder was elected for three years as Councilor. Kenneth W. Bush of the Indiana State Medical Association and Mr. Converse of Blue Shield brought us up to date on the activities of their respective organizations.

After a delicious buffet dinner the doctors of the Second District expressed their appreciation for the hospitality extended to them by the Greene County Medical Society.

J. H. CROWDER, M.D., *Councilor*.

### THIRD COUNCILOR DISTRICT

The Third District Medical Society held a meeting on May 22, 1957, at the Greystone Hotel in Bedford. Thirty-six attended and guests included Dr. and Mrs. Elton Clarke.

At the business session the following officers were elected for the coming year:

Dr. John Paris, President

Dr. Wm. B. Clark, Jr., Secretary

Following this Dr. Richard Nay spoke on atherosclerosis and Dr. Richard Hawkins discussed urinary tract infections in childhood.

A cocktail hour and dinner, through the courtesy of the Indiana Limestone Institute, were followed by an unusually entertaining program presented by local talent.

The meeting next spring will be held at New Albany.

KEITH HAMMOND, M.D., *Councilor*

### FIFTH COUNCILOR DISTRICT

The annual meeting of the Fifth District Medical Society was held at the Terre Haute Country Club on May 23, 1957. The scientific session was presented in the afternoon with speakers from the Indiana University School of Medicine faculty. The business meeting was held following the scientific session, and the following officers were elected:

President—Dr. Jack R. Glossom, Clay City

Secretary—Dr. John Palm, Brazil

Councilor—Dr. Robert Webster, Brazil

After election of officers, a cocktail hour preceded the annual banquet, and entertainment was provided by a championship square dance group.

There has been no formal activity in the District

Society during the year, other than the annual meeting.

M. C. TOPPING, M.D., *Councilor*

#### SIXTH COUNCILOR DISTRICT

At the Annual Meeting held in Liberty, May 9, 1957, the following officers were elected:

H. N. Smith, M.D., Brookville, Franklin  
County ..... *President*  
James Franklin Lewis, M.D., Liberty,  
Union County ..... *Vice-President*  
Kenneth Hill, M.D., New Castle, Henry  
County ..... *Secretary*  
William R. Tindall, M.D., Shelbyville,  
Shelby County, re-elected Alternate Councilor  
(term expires December 31, 1960).

So far as affairs in each county in the Sixth District are concerned it is obvious that the public is being well served in all matters concerning health and a feeling of harmony prevails throughout the membership of each county society.

HARRY PLUMMER ROSS, M.D., *Councilor*.

#### SEVENTH COUNCILOR DISTRICT

The spring meeting of the Seventh District Medical Society was held May 14, 1957 at 8:45 p.m. in the Empire Auditorium, Indianapolis, with the president, Dr. T. V. Petranoff, presiding.

Minutes of the 1956 Fall meeting were approved.

The treasurer's report, showing a balance on hand of \$249.75, was accepted on motion of Dr. Arthur Records, with second by Dr. Paul Merrell.

Dr. Ralph V. Everly, the district councilor, reported on activities of the district and asked that the component county societies keep him informed as to their meeting dates so that he might attend. He also reported that the council of the State Association had passed a motion recommending a dues increase of \$10 per year to be earmarked for support of the American Medical Education Foundation. He stated that the recommendation would be voted on at the October House of Delegates meeting in French Lick.

Dr. Petranoff announced that the Fall Meeting would be held in Indianapolis, probably sometime in mid-October but that no definite date had as yet been set.

The president then introduced Dr. C. B. Bohner, director of the Speedway medical service, and who has been a resident of Mexico for the last several years. He discussed the practice of medicine in Mexico and related other interesting information regarding the cultural and economic life in that country.

About 90 members were in attendance and they enjoyed a buffet and refreshments following the meeting.

RALPH V. EVERLY, M.D., *Councilor*.

#### EIGHTH COUNCILOR DISTRICT

About sixty-five members and guests attended the annual meeting of the Eighth District Medical Society, Wednesday, June 12, at the Delaware Country Club, Muncie.

The business meeting was conducted by Dr. Fletcher McDowell, of Muncie, president of the District.

Officers for the coming year were elected. Dr. B. D. Wagoner, of Union City, was elected President for 1957-58; Dr. Howard Koch, of Winchester, Secretary-Treasurer. Dr. Guy A. Owsley was re-elected Councilor for a three-year term. Mrs. Charles Alvey of Muncie was elected District Councilor of the Auxiliary.

Dr. Elton Clarke, I.S.M.A. President, brought greetings from the State Association. J. A. Waggener and Kenneth Bush were present from the headquarters office. Mr. Waggener gave a report on the activities of the American Medical Association, at which meeting Dr. Cleon Nafe of Indianapolis was reported elected to the Board of Trustees. It was also reported that headquarters office would administer Medicare when the new contract is drawn, June 30.

There was no scientific meeting, but the firm of Black and Neff discussed "Medical Economics" following the dinner.

GUY A. OWSLEY, M.D., *Councilor*.

#### NINTH COUNCILOR DISTRICT

The annual meeting was held at the Benton Country Club at Fowler, on May 23, 1957. Dr. R. H. Leak presided over the meeting. The annual golf tournament took place in the morning. A skeet shoot was held at Earl Park in the morning.

The ladies had a luncheon at noon followed by an afternoon party.

The meeting of the delegates was held in the Fowler Theatre. The resignation as Councilor of Dr. Wemple Dodds, Crawfordsville, was accepted by the meeting and Dr. Kenneth O. Neumann of Lafayette was elected to the Council. Dr. R. H. Leak of Boswell was elected alternate Councilor.

The scientific program was held in the Fowler Theatre. An interesting address was given by Dr. Theron G. Randolph of Chicago, entitled "The Modern Concept of Allergy". A film entitled "A for Atom", a story of radioactive isotopes, was also shown.

Following the annual banquet the meeting was addressed by Mr. Thomas A. Hendricks, Director of Public Relations of the American Medical Association.

WEMPLE DODDS, M.D., *Councilor*.

#### TENTH COUNCILOR DISTRICT

Two exceptionally fine meetings were held by the Tenth District Society this year. The Woman's Auxiliary held simultaneous meetings in both instances.

The first meeting was September 12, 1956. The



Indiana Academy of General Practice provided a "Road Show" program for the affair. An afternoon session was held at Mercy Hospital in Gary, in combination with the Annual Nurses Heart Institute. 250 nurses and doctors attended.

Dr. Louis Katz, Director of Cardiovascular Research at Michael Reese Hospital, Chicago, spoke on "Newer Trends in Treatment of Heart Failure". Dr. Danely Slaughter, Director of the Tumor Clinic at Illinois Research Hospital, spoke on "Diagnosis of Accessible Cancer".

The evening session was held at a restaurant in Whiting. 115 members attended. An election of officers was conducted with the following results: President, Dr. E. J. DeGrazia of Valparaiso; Secretary, Dr. W. C. Robertson of Chesterton; Councilor, Dr. J. Preston Vye of Gary; Alternate Councilor, Dr. Ralph C. Eades of Valparaiso.

Dr. Katz spoke again on "Atherosclerosis" and Dr. Slaughter on "Debatable Tumors".

The District Society met again May 15, 1957 at the Gary Country Club. 125 doctors and wives attended this session. During the afternoon, Mrs. J. C. Brown conducted a tea for the wives. Dr. E. S. Jones, President of the Industrial Medical Association, spoke on "New Problems Arising in Industrial Medicine".

In the evening, a dinner was held, following which Dr. Herman Chor of Northwestern University Medical School spoke on "Psychiatric Problems in General Practice".

J. PRESTON VYE, M.D., *Councilor*.

## TWELFTH COUNCILOR DISTRICT

The annual district meeting was held May 15 at Pokagon State Park. A pleasant afternoon of activities had been planned by the Steuben County Medical Society but inclement weather canceled the arrangements. At the business meeting Dr. Milton F. Popp was elected District president, Dr. Floyd B. Kantzer, vice-president, and Dr. Harold Zwick, secretary-treasurer. James A. Waggener gave a report of the activities of the State Medical Association for the year. Kenneth Bush of the headquarters office presented two films regarding A.M.A. projects which were well received.

After dinner, a very slim attendance was edified by an address by the Honorable E. Ross Adair, Congressman from our District, who gave a comprehensive report from Washington. This was an excellent presentation, and it is regretted that more members were not present to hear this presentation. Many members of our association feel that the problems of the medical profession are not presented in the legislative bodies, but fail to show interest in meetings such as these, where a show of interest would be most profitable.

An afternoon meeting of The Blue Shield Advisory Council was held. This was attended by representatives from each county medical society

in the district and various problems were aired. L. E. Converse, of Blue Shield, was the host and numerous problems were discussed. One of the areas of lack of information and agreement was the Medicare program and it was pointed out that this was a State Association program and had nothing to do with Blue Shield activities.

Our utmost appreciation goes to the Steuben County Medical Society for their planning and activity in promoting this meeting.

MAURICE E. GLOCK, M.D., *Councilor*.

## THIRTEENTH COUNCILOR DISTRICT

It is a pleasure to report that the health of the county medical societies comprising the Thirteenth District is good.

Our Annual District Meeting was held at Elkhart on November 14, 1956 and was well attended.

John C. Richter, M.D., President of the District, presided. Elton R. Clarke, M.D., President of the Indiana State Medical Association, addressed us on the affairs of the State Association, and James A. Waggener, Executive Secretary of the Indiana State Medical Association, gave us a description of Medicare. At the business session the following officers were chosen:

R. E. Nelson, M.D., President

R. L. Bender, M.D., Vice-President

O. E. Wilson, M.D., Secretary-Treasurer

G. O. Larson, M.D., Councilor

Ben Biasini, M.D., Alternate Councilor.

An excellent scientific program was enjoyed by all present. Stefan S. Fajans, M.D., assistant professor of internal medicine, University of Michigan, spoke on "Current Status of Oral Hypoglycemic Sulfonylureas in Treatment of Diabetes Mellitus". S. H. Frazier, M.D., Division of Psychiatry, Mayo Clinic, gave a paper on "Tranquilizers and Other New and Abused Drugs". Fred Shapiro, M.D., clinical assistant professor of orthopedic surgery (Rush), Presbyterian Hospital, Chicago, presented "Principles and Technique of Closed Method of Treatment of Fractures of the Leg". William S. Kroger, M.D., associate professor of gynecology, Chicago Medical School, talked on "Hypnosis in Obstetrics".

A meeting of the Woman's Auxiliary was also held during the afternoon.

The doctors and their wives then enjoyed cocktails and a social hour before the dinner.

The speaker of the evening was Russel B. Roth, M.D., Erie, Pennsylvania, who entertained us with the "Medical PR Picture, Oblique View".

The next annual meeting of the Society will be held in South Bend in November, 1957.

G. O. LARSON, M.D., *Councilor*.

# Reports of Committees

## THE EXECUTIVE COMMITTEE

Since the last meeting of the House of Delegates the executive committee, at the time of preparing this report, had met on ten occasions for the purpose of transacting the business of the Association. Meetings were held November 15 and December 12, 1956, and on January 19, March 6, April 27, May 17, May 24, June 19, and July 9. Between July and the meeting of the House of Delegates, meetings of the committee will be held each month.

Inasmuch as the minutes of the meetings of the executive committee have been published in The JOURNAL from month to month, and since complete copies of the minutes will be given the reference committee for their review, the committee will not attempt to give a detailed report at this time.

It is quite evident to your committee that the services of the Association are growing at a rapid rate and that the demands placed upon the Association have increased many fold. It must also be quite evident to the members who have followed the activities of the Association, through The JOURNAL, and reports from the field secretaries and officers, that the Indiana State Medical Association is a most important function in all levels of endeavor.

Our headquarters office, while your committee has attempted to do the best possible, is today inadequate to carry on the necessary business of the Association. Our quarters are crowded, they are not easily accessible to the great percentage of the membership, and not sufficient to carry on many of the activities which should be carried on in our own quarters. It is almost certain that additional staff will be required in the very near future, and even now space does not permit desk space necessary to carry the load of work, and the Conference room has become a work space.

While your committee has been negotiating for additional space in the building, we believe the time has come for the Association to seriously consider the construction of its own facilities, so designed to house the present and future operations of our Association, and permit sufficient space for the storage of necessary documents and ample space for meetings of the Association committees.

We further believe the building should be so located as to permit ample parking space for visitors and physicians, and should be designed in keeping with the prestige of the medical profession and so as to be inviting as a headquarters for our growing membership.

Your committee has made recommendation to the Council that a committee be established and that this committee be charged with the responsibility of planning for the construction of suitable facilities for our Association.

## MEMBERSHIP REPORT

County	December 31, 1956	July 31, 1956	July 31, 1957	Delinquent 1957
Adams	15	15	12	1
Allen	240	240	246	
Bartholomew-Brown	35	35	37	
Benton	7	7	7	1
Boone	20	20	20	1
Carroll	10	10	10	
Cass	41	41	38	2
Clark	30	30	31	
Clay	14	13	13	
Clinton	24	24	26	
Daviess-Martin	26	26	25	1
Dearborn-Ohio	14	14	13	
Decatur	12	12	13	
DeKalb	20	20	22	
Delaware-Blackford	109	106	111	1
Dubois	20	20	22	
Elkhart	95	95	100	
Fayette-Franklin	24	24	23	
Floyd	38	38	38	
Fountain-Warren	16	16	16	
Fulton	12	12	12	
Gibson	18	18	17	
Grant	57	57	61	
Greene	19	19	19	
Hamilton	20	20	20	
Hancock	18	18	19	
Harrison-Crawford	14	14	14	
Hendricks	17	17	17	1
Henry	38	38	39	
Howard	47	47	46	
Huntington	23	23	23	
Jackson	22	22	21	
Jasper-Newton	18	18	15	
Jay	18	18	17	
Jefferson-Switzerland	28	28	30	
Jennings	10	10	13	
Johnson	24	23	24	
Knox	39	39	40	
Kosciusko	15	15	15	
LaGrange	9	9	8	
Lake	361	342	347	13
LaPorte	87	87	86	
Lawrence	26	25	26	
Madison	106	105	103	
Marion	969	969	1019	3
Marshall	23	23	22	2
Miami	21	20	20	1
Montgomery	29	29	32	
Morgan	14	14	15	
Noble	26	26	25	
Orange	9	9	9	
Owen-Monroe	55	55	54	1
Parke-Vermillion	23	23	24	
Perry	11	11	12	
Pike	5	5	5	
Porter	32	32	24	1
Posey	12	12	11	
Pulaski	6	6	6	
Putnam	16	16	16	
Randolph	23	23	23	2
Ripley	13	13	11	



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*for these **25** adult indications:*

TENSION	SENILE ANXIETY	MENOPAUSAL SYNDROME	ANXIETY	PREMENSTRUAL TENSION	
PHOBIA	HYPOCHONDRIASIS	TICS	FUNCTIONAL G. I. DISORDERS	PRE-OPERATIVE ANXIETY	
HYSTERIA	PRENATAL ANXIETY	AND ADJUNCTIVELY IN CEREBRAL ARTERIOSCLEROSIS			
PEPTIC ULCER	HYPERTENSION	COLITIS	NEUROSES	DYSPNEA	INSOMNIA
PRURITIS	ASTHMA	ALCOHOLISM	DERMATITIS	PARKINSONISM	PSORIASIS

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TEMPER TANTRUMS	HOSPITAL FEAR	AND ADJUNCTIVELY IN ASTHMA			ENURESIS

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Prescription only.



New York 17, New York

County	December 31, 1956	July 31, 1956	July 31, 1957	Delinquent 1957
Rush	16	16	16	
St. Joseph	223	220	221	
Scott	3	3	3	
Shelby	20	20	19	
Spencer	9	9	8	
Starke	7	7	7	
Steuben	13	13	13	
Sullivan	15	15	16	
Tippecanoe	93	91	96	
Tipton	12	12	12	
Vanderburgh	201	198	198	1
Vigo	119	119	119	
Wabash	21	21	21	
Warrick	10	10	10	1
Washington	7	7	7	
Wayne-Union	80	78	82	
Wells	34	31	33	
White	11	11	11	
Whitley	13	13	16	
Total	4,050	4,010	4,091	33

## MEDICAL DEFENSE ACTIVITIES

1. **Malpractice cases.** A year ago, at the time of this report, August 1, 1956, the following seven cases were pending before the committee, two of which were closed during the year, leaving five cases still pending:

Case No. 200—Filed February 12, 1932. Pending.

Case No. 251—Filed September 25, 1942. Pending.

Case No. 283—(Closed). Filed August 28, 1952. Dismissed March 1, 1957; judgment for defendant. Expense, \$538.16, paid May 23, 1957.

Case No. 285—Filed October, 1952. Pending.

Case No. 288—Filed November 12, 1954. Disposed of in Superior Court in 1956; plaintiff has appealed the case. Pending. Expense, \$270.00, paid September 12, 1956, and \$172.50, paid May 23, 1957.

Case No. 289—(Closed). Filed October 15, 1953. Dismissed October 25, 1956. Expense, \$890.87, paid June 28, 1957.

Case No. 290—Filed January, 1954. Pending.

Since August 1, 1956, and up to August 1, 1957, the following seven new cases have come before the committee, two of which have been closed, making a total of ten cases pending at the present time as against seven unclosed cases at the same time last year:

Case No. 291—Filed January 22, 1954. Pending.

Case No. 292—Filed November 28, 1956. Pending.

Case No. 293—Filed September 11, 1956. Pending.

Case No. 294—(Closed). Suit threatened February 11, 1957. Settlement consummated February 20, 1957. Expense, \$424.50, paid March 12, 1957.

Case No. 295—(Closed). Suit threatened April 16, 1956. Settled by insurance company for \$2,250.00, February 24, 1957. Expense, \$475.11, paid May 23, 1957.

Case No. 296—Filed April 9, 1957. Pending.

Case No. 297—Filed April 26, 1957. Pending.

## 2. Medical Defense Fund Statement, from August 1, 1956 to August 1, 1957:

Balance, August 1, 1956-----	\$ 5,441.96
<b>Receipts:</b>	
Dues: 11—1955 members-----	\$ 13.75
49—1956 members-----	61.25
3718—1957 members-----	4,647.50
Interest on bonds-----	728.78
Matured U. S. Treasury Bills-----	3,000.00
	<hr/>
	\$13,893.24

## Disbursements:

Purchase of U. S. Treasury Bills -----	\$2,978.07
Purchase of U. S. Treasury Bills -----	2,974.89
Salaries, Association attorneys-----	3,090.00
Malpractice fees -----	2,771.14
	<hr/>
Balance, August 1, 1957-----	\$ 2,079.14

## THE JOURNAL

The growth of The JOURNAL has continued at a steady pace during the past year. Additional pages of advertising have made it necessary to increase the amount of editorial matter with the overall result being a substantially enlarged publication. The report of The JOURNAL Editor covers some of the special features offered during the year. The staff consists of two fulltime employees.

## ADVERTISING

The continued use of an increasing amount of color in advertising is noted. The September issue in 1952 carried 9 pages of color advertising and one insert; this September issue has 33 pages of color advertising and four inserts.

Figures on advertising for the first six months of the last three years and for the same period this year are as follows:

From the State				
Medical Journal 1954	1955	1956	1957	
Advertising		(corrected)		
Bureau ----	\$12,435.63	\$13,486.94	\$14,627.89	\$20,884.69

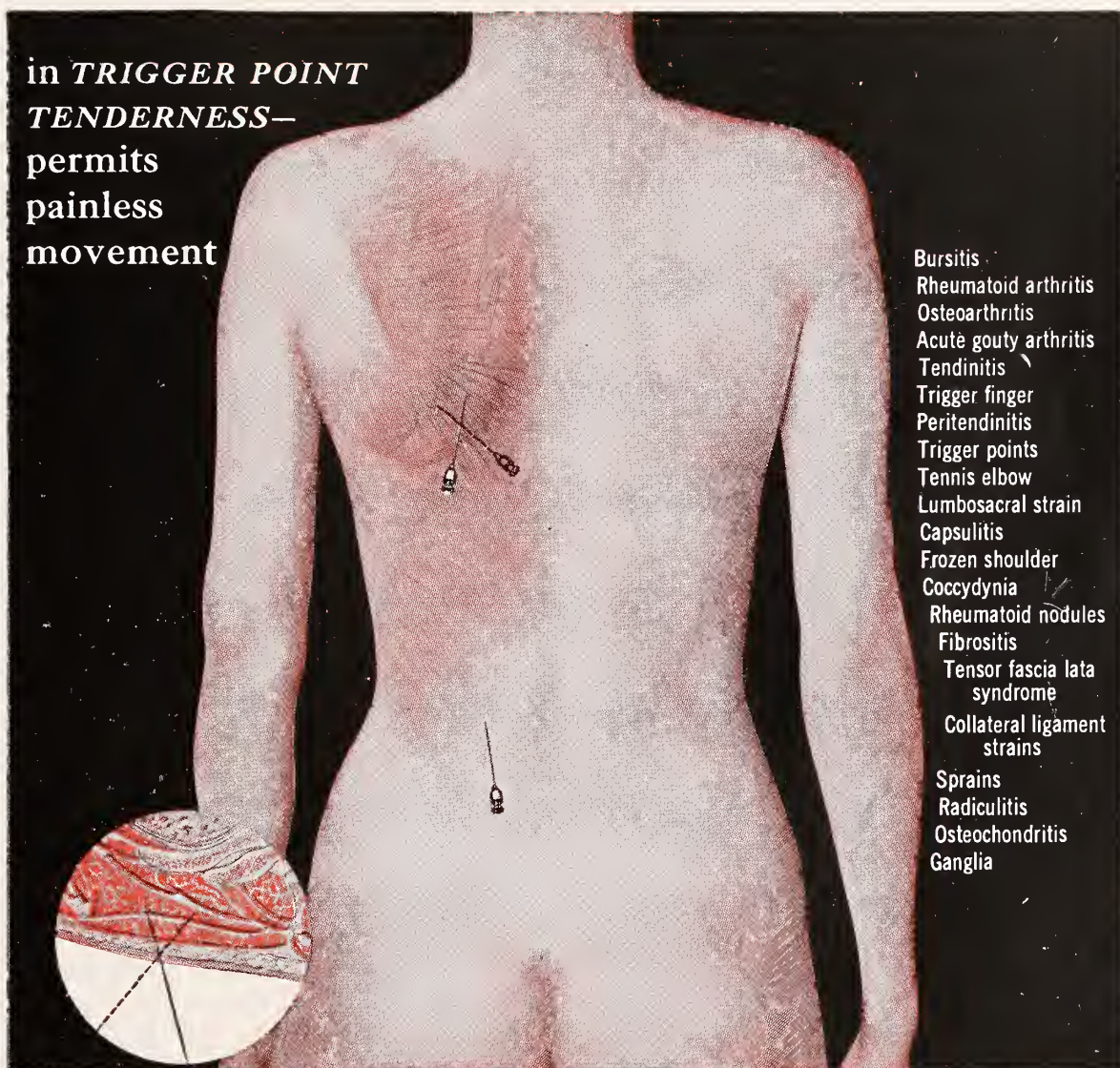


# NEW HYDELTRA®-T.B.A.

(Prednisolone tertiary-butylocetate, Merck)

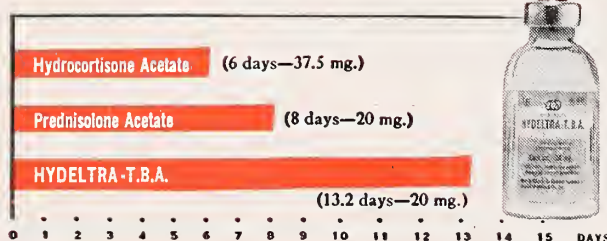
for relief that lasts—longer

in *TRIGGER POINT  
TENDERNESS*—  
permits  
painless  
movement



Bursitis  
Rheumatoid arthritis  
Osteoarthritis  
Acute gouty arthritis  
Tendinitis  
Trigger finger  
Peritendinitis  
Trigger points  
Tennis elbow  
Lumbosacral strain  
Capsulitis  
Frozen shoulder  
Coccydynia  
Rheumatoid nodules  
Fibrositis  
Tensor fascia lata  
syndrome  
Collateral ligament  
sprains  
Sprains  
Radiculitis  
Osteochondritis  
Ganglia

Duration of relief  
exceeds that  
provided by any  
other steroid  
ester



Dosage: the usual intra-articular, intra-bursal or soft tissue dose ranges from 20 to 30 mg., depending on location and extent of pathology.

Supplied: Suspension 'HYDELTRA'-T.B.A.—20 mg./cc. of prednisolone tertiary-butylocetate, in 5-cc. vials.



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Sold direct by The				
JOURNAL	5,302.22	4,707.07	5,298.24	5,016.54
Total	\$17,737.85	\$18,194.01	\$19,926.13	\$25,901.23

## PRINTING

Cost of printing has also shown a substantial increase, due to two factors: the larger number of pages, and a revamping of the printing contract based on current conditions (increased paper costs, increased labor costs, and the problems resulting from the widespread use of color).

Costs are in relation to pages printed, plus extra charges provided in the contract.

Figures follow for the past three years and the first six months of 1957:

Year	Cost	No. of Pages (inserts excluded)
1954-----	\$32,414.02	1,624
1955-----	33,648.28	1,628
1956-----	38,415.57	1,804
1957 (6 months) _	19,545.29	816

JAMES W. DENNY, M.D., *Chairman*  
 E. H. CLAUSER, M.D.  
 ELTON R. CLARKE, M.D.  
 M. C. TOPPING, M.D.  
 OKLA W. SICKS, M.D.  
 GUY A. OWSLEY, M.D.

## CONFERENCE OF MEDICAL SOCIETY OFFICERS

Following a meeting of the president of the Indiana State Medical Association, the executive secretary, and two members of this committee it was decided to recommend to the Council that the practice of having an annual conference of medical society officers be discontinued in 1957. This recommendation was the result of careful study concerning the aims and accomplishments of such conferences in the past and their failure to achieve tangible results.

It was recommended that instead of having an annual conference, that every effort be concentrated in the direction of educating new members of the Indiana State Medical Association as to (1) the structure of organized medicine and (2) their benefits and responsibilities to organized medicine.

We, therefore, recommend that there be a luncheon meeting of all newly admitted members to the Indiana State Medical Association and their wives at the convention in October. Immediately following the luncheon, we advise that there be a workshop type meeting(s) in which not only the doctor but also his wife may be informed of the structures and function of medical organization and pertinent facts (relative).

The Council accepted the recommendation of this



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Ferrous Sulfate.....	50 mg.	Pyridoxine Hcl.....	0.3 mg.
Rutin.....	10 mg.	Niacinamide.....	20 mg.
Ascorbic Acid.....	30 mg.	Manganese.....	1 mg.
B-12.....	1 mcg.	Magnesium.....	5 mg.
Molybdenum.....	0.5 mg.	Iodine.....	0.15 mg.
Cobalt.....	0.1 mg.	Potassium.....	2 mg.
Copper.....	0.2 mg.	Zinc.....	1 mg.
Vitamin A.....	5,000 I.U.	Choline Bitartrate.....	40 mg.
Vitamin D.....	400 I.U.	Methionine.....	20 mg.
Vitamin E.....	1 I.U.	Inositol.....	20 mg.
Cal. Pantothenate.....	3 mg.		

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\*REFERENCE: J.A.M.A. 163: 359, 1957 (February 2)

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committee and is in the process of establishing the program for the coming annual October Meeting of 1957.

W. L. DALTON, M.D., *Chairman*  
C. G. KERN, M.D.  
GROVER M. NIE, M.D.  
W. G. PIPPENGER, M.D.  
JEROME E. HOLMAN, JR., M.D.  
THOMAS M. CONLEY, M.D.

## COMMITTEE ON CONSTITUTION AND BY-LAWS

Your Committee on Constitution and Bylaws, to which were referred the recommendations of the committee for the study of the reorganization of the Association activities as carried on by its various committees, has studied the recommendations and has reached the conclusion that in the interest of clarity concerning the duties and responsibilities of physicians in Association activities, and for greater efficiency in the transaction of the business of the Association, a general reorganization should be made of it in accordance with the amendments proposed in this report. The Committee therefore presents the following resolution for the amendment of the Bylaws, and recommends that it be adopted.

RESOLVED that Chapter VII, Section 1 of the Bylaws be amended by adding the following sentence thereto at the end of Section 1: "Terms of Councilors shall begin with the first meeting of the Council following the final session of the House of Delegates at the Annual Session."

BE IT FURTHER RESOLVED that Section 10 of Chapter VII of the Bylaws be amended to read as follows:

The Council shall provide for and superintend the publication of THE JOURNAL, and in that connection shall have authority to elect an editor and such assistants as it deems necessary, and fix the amounts of their salaries.

The Editor and his assistants shall be known as the Editorial Board. The Editorial Board shall have the responsibility of assembling and publishing the editorial matter contained in THE JOURNAL, and shall be responsible for compiling a current history of the Association for each year and for the preparation of an annual necrology report.

The proceedings of the Council to be reported to the House of Delegates at the annual convention shall be published in the issue of THE JOURNAL which immediately precedes the annual convention.

RESOLVED that Chapter VIII of the Bylaws of the Association be amended to read as follows:

### CHAPTER VIII.—ORGANIZATION OF ACTIVITIES AND RESPONSIBILITIES.

SECTION 1. The work of the Association, the performance of which is not provided for elsewhere

in the Constitution or Bylaws, and is not carried on in the meetings of the Council or of the House of Delegates, or by Special Committees created by the Executive Committee, the Council, or the House of Delegates, shall be performed by the following standing committees and commissions:

The Executive Committee  
The Grievance Committee  
The Student Loan Committee  
The Medical-Legal Review Committee  
The Commission on Convention Arrangements  
The Commission on Constitution and Bylaws  
The Commission on Legislation  
The Commission on Public Information  
The Commission on Governmental Medical Services  
The Commission on Public Health  
The Commission on Voluntary Health Agencies  
The Commission on Medical Economics and Insurance  
The Commission on Inter-Professional Relations  
The Commission on Medical Education and Licensure  
The Commission on Special Activities

The difference between committees and commissions is shown in the provision of these Bylaws pertaining to their work and composition.

SECTION 2. Unless otherwise provided in these Bylaws, the committees shall be appointed by the President with the chairman of each committee designated by him, and the number constituting each committee shall be as indicated in the section of these Bylaws pertaining to each particular committee.

SECTION 3. Each commission will consist of fifteen members appointed by the President, with at least one member from each councilor district. The original appointees in each commission shall be divided into three groups by lot. The first group shall serve three years; the second, two years; and the third, one year. Thereafter each incoming president shall appoint five members of each commission to fill the vacancies resulting from the expiration of the terms of members, and such appointments shall be for three years. The President shall also appoint members to fill the unexpired term where any vacancy occurs through death, resignation or otherwise.

SECTION 4. The President shall have the power, with the approval of the Council, to remove any member of any committee or commission where such member, for any reason, does not or cannot work at attempting to perform the duties pertaining to membership on such committee or commission.

SECTION 5. Unless otherwise provided in these Bylaws, no member of either a committee or a commission shall serve on the same committee or commission more than two consecutive terms, but this shall not prevent him serving more than two

terms if the term of another member intervenes. The time given to the serving of an unexpired term shall not be considered in determining the period within which a member may serve consecutively.

SECTION 6. Within sixty days after the meeting of the State Convention, the President will call all commissions and committees into a joint meeting in which he will give a statement of the duties and responsibilities of all committees and commissions, call special attention to any immediate problems confronting the Association, and assign such problems or parts thereof to appropriate committees and commissions. Then this joint meeting will divide into meetings of the separate commissions and committees, at which time the commissions and committees will organize by the election of chairman, vice-chairman and secretary, unless otherwise provided for in these Bylaws. In these meetings the commissions may provide for such subcommittees within the separate commissions as they may deem advisable. Each committee or commission shall have the right to call upon other committees, commissions or members of the profession for counsel and advice with respect to its work.

SECTION 7. Each committee and commission shall have the privilege and is encouraged to have joint meetings with any like committee or commission of the Auxiliary where such like committee or commission exists, for the purpose of coordinating their activities to make them more effective in the medical service of the public and the intent of the Association.

SECTION 8. Each committee and commission shall have the duty and responsibility of keeping constantly and currently informed on the matters within the area of its special interest and activity; of studying the conditions within that area with the purpose of finding possibilities of improvement; of finding the best solutions it can to the specific problems referred to it; of contributing in its area to the achievements of the Association as a whole in the protection and improvement of the health of the whole human family; and finally of making all its efforts useful by passing on to the Association in the most effective manner possible the results of its studies and activities in its own area of special interests.

SECTION 9. The President and Executive Secretary shall be ex officio members of all the foregoing committees and commissions where their inclusion on the committee or commission is not otherwise provided for in these Bylaws.

#### CHAPTER IX.—THE EXECUTIVE COMMITTEE.

SECTION 1. The Executive Committee, constituted as provided in Section 12 of Chapter VII of these Bylaws, shall hold its first meeting immediately following the meeting of the Council held at the close of the last meeting of the House of Dele-

gates in the annual convention, and shall organize by electing its chairman. Its secretary shall be the Executive Secretary of the Association. It shall meet with the Executive Secretary on the call of the Chairman, or of any three members, to plan and execute such work as may be necessary for the welfare of the Association and the conduct of the Executive Secretary's office. It shall have all jurisdiction with respect to medical defense activities of the Association and shall be governed by the rules it adopts concerning that activity and by the Bylaws of this Association. It shall make decisions for the Association, including matters pertaining to THE JOURNAL, during the intervals between the meetings of the Council, and shall report its actions to the Council.

SECTION 2. It shall prepare a budget for the ensuing calendar year; and all expenditures of the Association, except those otherwise provided for under the Constitution and Bylaws, shall be governed by the budget. No expense not provided for in the budget or otherwise under the Constitution and Bylaws shall be incurred by any officer, commission or committee. A committee, commission or officer may submit a request for funds to meet unusual expenses not included in the annual budget, and the Executive Committee shall have the power, by a two-thirds vote, to amend the budget to provide such funds.

#### CHAPTER X. THE GRIEVANCE COMMITTEE.

SECTION 1. The Grievance Committee shall be composed of nine physicians, three of whom may be past presidents of the Association, and all of whom shall be appointed by the President. Not more than two physicians shall be appointed from any one councilor district. No member shall hold any elective office in the State Association during tenure on this committee. Of the nine physicians first appointed, three shall serve for a period of one year; three for two years; and three for three years. Thereafter, three shall be appointed each year for a three-year term to fill the vacancies caused by the expiration of terms. Any vacancy occurring in this committee, other than by expiration of term, shall be filled by an interim appointee to serve the balance of the unexpired term. This committee shall organize itself by electing a chairman, a vice-chairman and a secretary.

SECTION 2. This provision regarding the constitution of the Grievance committee shall be construed to mean that the present committee of that name is continued in that position with the terms of its members expiring and new members to be appointed on the basis of this provision being operative and effective as of the dates of their respective original appointments; and it is not to be construed as having the effect of creating a new committee, all of whose members are to be appointed upon this amendment being adopted and becoming effective.



SECTION 3. In addition to the above provided organization and membership of the committee, the President of the Association shall appoint an accredited psychiatrist as a consultant for the committee, whose tenure of office shall be on an annual basis. The appointment of the psychiatrist may be made from any councilor district of the Association, irrespective of the membership of the committee including another member or members from the same councilor district. He shall have the same rights and privileges as other members of the committee except that he shall not have the right to vote.

SECTION 4. The duties of this committee shall be to receive complaints, appeals or suggestions from physicians or laymen concerning professional conduct. It shall attempt to find the facts regarding any matter brought to its attention, through procedures proper and appropriate to that end, and shall attempt to adjust differences between patients and physicians, and between physicians. It may, if it believes the facts justify such action, cite a member of the Association to the Council of the State Association. It shall, subject to the approval of the Council, draw up a set of rules and regulations governing its procedure and official actions.

#### CHAPTER XI. THE COMMISSION ON CONVENTION ARRANGEMENTS.

SECTION 1. The Commission on Convention Arrangements, with the advice and assistance of the Executive Secretary, shall provide suitable accommodations for meetings of the Association, including the House of Delegates, Council, and of their respective committees, the scientific and technical exhibits, and in conjunction with the Executive Secretary, shall have general charge of all the arrangements. Its chairman shall report an outline of the arrangements to the Executive Secretary of the Association for publication in *THE JOURNAL* and in the official programs, and shall make additional announcements during the session as occasion may require. The arrangements and the character of any and all technical exhibits must meet with the approval of the Executive Committee of the Association.

SECTION 2. It shall, with the approval of the Executive Committee, prepare a program for scientific work for the annual convention in which shall be included the respective programs for section meetings which shall be prepared through cooperation with the officers of the various sections; and it shall, with the approval of the Executive Com-

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mittee, arrange for scientific exhibits as a part of the annual convention.

SECTION 3. The general, scientific and sectional programs and the financial arrangements to provide for them must be approved by the Executive Committee before being officially announced.

## CHAPTER XII. THE STUDENT LOAN COMMITTEE.

SECTION 1. The Student Loan Committee shall be constituted as follows:

- (a) The President of Indiana State Medical Association
- (b) One Councilor of the Association to be appointed by the President
- (c) One general practitioner to be appointed by the President
- (d) One specialist to be appointed by the President
- (e) The Treasurer of Indiana State Medical Association
- (f) The Dean of Indiana University School of Medicine
- (g) One of the attorneys of Indiana State Medical Association to be appointed by the President

SECTION 2. This committee shall have authority to make loans to medical students in accordance with the terms and conditions under which funds are made available for that purpose. The committee shall organize itself at its first meeting following the annual convention of the Association, by the election of a chairman and a secretary. The committee shall adopt its own rules and regulations, subject to the approval of the Council. The secretary shall have the duty and responsibility of keeping minutes of all transactions of the committee, and shall file a copy of such minutes, as well as a copy of all papers pertaining to any application or loans, in the Headquarters Office of the Association.

## CHAPTER XIII. THE MEDICAL-LEGAL REVIEW COMMITTEE.

SECTION 1. The Medical-Legal Review Committee shall consist of three members whose duty it shall be to meet in joint session and work with a similar committee to be appointed by the President of the State Bar Association. This committee of the Medical Association shall function as the medical representatives provided for in the Joint Inter-Professional Code of the State Medical Association and the State Bar Association to carry out the purposes of that Code. Its duties shall be as stated in that Code in the form in effect from time to time as approved by the Association.

## CHAPTER XIV. THE COMMISSION ON CONSTITUTION AND BYLAWS.

SECTION 1. The Commission on Constitution and Bylaws shall keep in contact with the developments and changes in procedures in carrying on the

work of this Association; shall suggest revisions necessary to keep the Constitution and Bylaws always in accord with the practices and procedures best adapted to the functioning of the Association; and shall keep the practices and procedures of the Association consistent with the provisions from time to time contained in the Constitution and Bylaws—to the end that all members of the profession, by reference to the Constitution and Bylaws, may be able to obtain accurate information regarding procedure and practice within the Association, and that hampering of such procedure and practice by obsolete provisions in the Constitution and Bylaws may be avoided.

## CHAPTER XV. THE COMMISSION ON LEGISLATION.

SECTION 1. The Commission on Legislation shall study all legislation, both state and national, and all local legislative trends and movements, as to their effect upon the practice of medicine and the protection of the public health; shall keep the profession informed at all times concerning the matters within its area of responsibility; shall conduct investigations of legislative proposals; and shall maintain liaison with members of the State Legislature and of the United States Congress, and with the legislative activities of the American Medical Association. It shall strive to implement and make effective the legislative proposals adopted by the Association.

## CHAPTER XVI. THE COMMISSION ON PUBLIC INFORMATION.

SECTION 1. The Commission on Public Information shall collect and organize for dissemination to the public all matters of public interest within the field of medicine, including the activities of other commissions in which the public interest would be involved, and including also the achievements in the advancement of medicine which would be of interest to the public; shall disseminate all such information through the use of whatever media the Commission may find adaptable to that purpose so that such information may be brought to the public in the most effective and convincing manner; and shall develop and maintain the relations of the medical profession with the public in such a way as to give the lay public a better knowledge and understanding of the aims, objects and value of the profession to the public.

## CHAPTER XVII. THE COMMISSION ON GOVERNMENTAL MEDICAL SERVICES.

SECTION 1. The Commission on Governmental Medical Services shall concern itself and assume special responsibility in obtaining information and giving counsel and advice to the Association with respect to all matters in which medical service comes into contact with any existing or proposed functions of government, including civil defense, rehabilitation of persons handicapped by abnor-





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mality or disease, medical service in welfare departments, maternal and child health programs sponsored through governmental agencies, medical care of military manpower, plans and programs for medical care of veterans, medical care for dependents of those in uniformed services of the Government, plans and programs of the Government for medical care now existing or which may hereafter be adopted by any special group, Government programs for elimination of venereal disease and other communicable diseases, and all programs and plans for medical care to be provided through municipal, state or federal governments.

#### CHAPTER XVIII. THE COMMISSION ON PUBLIC HEALTH.

SECTION 1. The Commission on Public Health shall assemble and study information regarding industrial medical practice, rural health, preventive medicine, placement of physicians, traffic safety, conservation of hearing and vision; and shall bring such information, and the possibility of progress and advancement in such fields, to the attention of the medical profession, with suggestions for improvements as the commission finds such possibilities.

#### CHAPTER XIX. THE COMMISSION ON VOLUNTARY HEALTH AGENCIES.

SECTION 1. The Commission on Voluntary Health Agencies shall maintain liaison between all voluntary health agencies and the Association; shall study and counsel in regard to planning all educational and other activities of such agencies; and shall keep the Association fully informed at all times regarding present and contemplated programs of these agencies.

#### CHAPTER XX. THE COMMISSION ON MEDICAL ECONOMICS AND INSURANCE.

SECTION 1. The Commission on Medical Economics and Insurance shall study and improve forms used in medical and hospital insurance; shall continuously be interested in all types of plans for prepayment of medical and hospital expense, and for provision for medical and hospital service through all types of group activity; shall maintain liaison with labor with respect to labor's problems involving medical and hospital care, and Workmen's Compensation problems; and shall seek improved solutions of professional liability or malpractice problems, tax problems in relation to medical practice, and problems involving physician retirement plans.

#### CHAPTER XXI. THE COMMISSION ON INTER-PROFESSIONAL RELATIONS.

SECTION 1. The Commission on Inter-Professional Relations shall study to find all the best

methods of maintaining on the highest and most satisfactory levels physicians' professional relations with hospitals, nurses, dentists, pharmacists, pharmaceutical manufacturers, veterinarians, nursing homes, and all other professional groups with which the practice of medicine comes into contact.

#### CHAPTER XXII. THE COMMISSION ON MEDICAL EDUCATION AND LICENSURE.

SECTION 1. The Commission on Medical Education and Licensure shall maintain liaison with, and try to be of assistance to, medical schools and the licensing board; and shall keep in contact with, and endeavor to assist in improving, undergraduate education, postgraduate education, intern training, resident training, preceptor instruction, and public school health education.

#### CHAPTER XXIII. THE COMMISSION ON SPECIAL ACTIVITIES.

SECTION 1. The Commission on Special Activities shall organize and promote support for the American Medical Education Fund, assistance to physicians, blood banks, and all miscellaneous activities not falling within the area of responsibilities of other commissions or committees.

BE IT FURTHER RESOLVED that Chapter IX be deleted and that Chapter X be renumbered Chapter XXIV; Chapter XI be renumbered Chapter XXV; Chapter XII be renumbered Chapter XXVI; Chapter XIII be renumbered Chapter XXVII; Chapter XIV be renumbered Chapter XXVIII; Chapter XV be renumbered Chapter XXIX; and amended to read as follows:

#### CHAPTER XXIX. INVESTMENT OF SURPLUS FUNDS.

SECTION 1. The investment of all surplus funds of this Association shall be under the direct control and management of the Executive Committee subject to instructions in regard thereto which may be given by the Council at its option. The Executive Committee shall have the right and is encouraged to obtain the advice and counsel of the investment departments of any bank or trust company of Indianapolis in regard to the discharge of the duties covered by this chapter of the Bylaws.

BE IT FURTHER RESOLVED that Chapter XVI be renumbered Chapter XXX.

WM. HARRY HOWARD, M.D., *Chairman*  
C. PHILIP FOX, M.D.  
I. C. BARCLAY, M.D.  
O. T. SCAMAHORN, M.D.  
G. O. LARSON, M.D.





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## COMMITTEE ON GRIEVANCES

The Committee on Grievances disposed of most cases of complaints which were reported. A limited number of new cases were presented, most of which were referred to the local medical societies for consideration and adjustment.

The committee believes that the few complaints received is an indication that there is a marked improvement in understanding between patient and doctor and wishes to encourage a closer relationship and explanation of the cost of medical and surgical care, in advance of any procedure, when possible.

J. WILLIAM WRIGHT, SR., M.D., *Chairman*  
A. P. HAUSS, M.D.  
C. E. GILLESPIE, M.D.  
RAYMOND R. CALVERT, M.D.  
P. T. LAMEY, M.D.  
LLOYD C. MARSHALL, M.D.  
W. L. PORTEUS, M.D.  
N. H. GLADSTONE, M.D.  
RUSSELL J. SPIVEY, M.D.  
MURRAY DEARMOND, M.D.

## COMMITTEE ON INDUSTRIAL HEALTH

Your able president, Doctor Clarke, called a meeting early last fall of all committees. Due to another meeting on the same day, your chairman

was not present. The other members who were present reported that it was an excellent meeting.

The past year has seen a great many changes in Industrial Medicine. Radiation activity from x-rays and atomic material is requiring a vast amount of study. Toxicology has become a major problem. Each day seems to bring new chemicals which must be studied from a preventive health standpoint by the medical department.

Your committee almost pioneered Noise in Industry studies. It is now a major research problem.

The study of various committees on the cardiac in industry has brought forth valuable and practical recommendations.

Rehabilitation is rapidly coming into its own. We all appreciate that rehabilitation starts the minute therapy begins after an accident and continues until the patient has returned to his normal occupation. The meeting of state chairmen at Los Angeles developed many important suggestions. Your committee's work on silicosis has caused much favorable comment. Directives to Nurses has been a pattern for a national guide to nurses in industry.

I want to thank the members of the committee for their fine advice, excellent thoughts, and willingness to work.

E. S. JONES, M.D., *Chairman*  
RAY T. FOSTER, M.D.  
LOUIS W. SPOLYAR, M.D.  
L. S. MCKEEMAN, M.D.  
RICHARD D. SWAN, M.D.  
ALLAN K. HARCOURT, M.D.  
EMMETT B. LAMB, M.D.

## COMMITTEE ON MEDICAL EDUCATION AND LICENSURE

Your Committee on Medical Education and Licensure has considered the following subjects during the past year.

### A.M.E.F.

Contributions from Indiana physicians have spiraled downward each year for the past four years from \$49,868.62 to \$4,052.50 this year. The major reason for this decrease is that doctors who have contributed believe they have carried the load long enough.

During this same period of time several states, that increased their dues \$10 to \$25, found to their surprise a steady increase in voluntary contributions. For this reason your Committee recommends an increase in dues sufficient to cover A.M.E.F. contributions and a stepping up in the A.M.E.F. educational program. The following resolution is presented, therefore, for the consideration of the House of Delegates:

### RESOLUTION ON DUES INCREASE FOR A.M.E.F.

WHEREAS, it appears the voluntary method of raising needed funds is unworkable, in that a



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small number of the membership has assumed the responsibility of the total membership, and

WHEREAS, the need for financial assistance for our nation's medical schools is a growing problem rather than a subsiding one due to the shortage of endowments and the inflation of our times, and

WHEREAS, Indiana now numbers as one of the lowest contributing states in the nation,

NOW, THEREFORE BE IT RESOLVED: That the annual dues of the Association be increased ten dollars per year, and that this sum be turned over to the American Medical Education Foundation, and be it

FURTHER RESOLVED: That each member has the right to designate to which school his ten dollars is to be given at the time of his dues payment, and

BE IT FURTHER RESOLVED, That all physicians voluntarily contribute as much additional as they feel they can afford, so that every physician who enjoys freedom of practice here in Indiana can share with his colleagues a part in maintaining that freedom.

Your Committee commends the Auxiliary for an energetic and progressive A.M.E.F. program.

Two members of your Committee attended the A.M.E.F. meeting in Chicago. These meetings present many approaches to the problem. We recommend continued adequate representation at this meeting.

## LICENSURE

Two resolutions from the 1956 House of Delegates were referred to this Committee for study.

1. Temporary Training Permits for Interns. Please refer to "Regulations—Board of Medical Registration and Examination of Indiana," page 8, which reads as follows—"An applicant who meets the requirements of the Indiana Board, and who is a graduate of an approved Medical School located in the United States, but who is not eligible for endorsement licensure, may be issued a temporary permit to practice medicine which will remain valid only until the next regular examination by this Board."

The Board did in January, 1953 propose a new rule for adoption which read—"That graduate students of Medical Schools approved by the Board of Medical Registration and Examination of Indiana registered in hospitals licensed under the laws of the State of Indiana, shall be considered as trainees, and may study medicine, surgery, and 'obstetrics' under the immediate and direct supervision of licensed staff members of such hospitals for a period not to exceed one year; and shall not be considered as practicing medicine. Nothing in this ruling shall be construed as applying to regular internships and residencies in such hospitals."

The Attorney General did not approve the legality of this rule.

2. Another resolution from the House of Dele-

gates was to promote legislation making it possible for foreign graduates to serve in state institutions without license. Reference was made to Ohio and Illinois. Ohio has no difficulty with this problem in that licensure is not required for interns or residents. The Illinois Legislature enacted a Bill in 1953 providing for two types of temporary license for foreign school graduates; first, a temporary license for one group where a year's internship in America is required and a declared intention of citizenship. A second group without requirements of any kind are granted temporary license for a period of one year, which may be renewed under certain circumstances.

We understand that this law is proving to be very unsatisfactory.

During the past 3 years Indiana has licensed 109 foreign graduates by examination and endorsement. During this same period of time 32 were not approved.

One should keep in mind that there are approximately 500 foreign medical schools, some of which are less than diploma mills. Many graduates of these schools are seeking residence in the U. S.

The A.M.A. has studied this problem and is developing a screening method that will be a great help to all states interested in the foreign graduate situation.

## POSTGRADUATE EDUCATION

**Rehabilitation.** Last year's committee agreed to undertake sponsorship of courses for physicians on the subject of rehabilitation. Two meetings were held with representatives from the State Board of Health, the Medical School, and interested physicians from over the state of Indiana. Considerable interest was expressed but the scope of this field coupled with the lack of trained personnel presented problems that need be approached with long range planning.

One of the first objectives is to promote the basic philosophy that the doctor's responsibility does not end when the acute illness or surgery is ended; it ends when the patient is retrained to live and work with what is left. This definition includes the medical problems of cardiacs, diabetics, paraplegics, etc.; such neurological conditions as epilepsy, multiple sclerosis, etc.; orthopedic conditions as congenital defects, polio, amputees, etc.; burns, speech and hearing defects and blindness; and psychiatric conditions, as alcoholism, psychoses, mental deficiencies, etc.

For setting up these meetings we should especially commend Dr. John Mahoney of the Medical Center. Thanks need be extended to several practicing physicians throughout the state who contributed their time and valuable advice.

Four committee members attended the 53rd Annual Congress on Medical Education and Licensure held in Chicago February 9-15, 1957. The committee recommends the attendance of as many

*Continued*

# announcing

# MARSILID

(Iproniazid) 'Roche'

Marsilid 'Roche' is a psychic energizer—the very opposite of a tranquilizer. It is useful not only for mild and severe depression but for stimulation of appetite and weight gain, and in chronic debilitating disorders.

**Q. What is Marsilid?**

**A.** Marsilid (iproniazid) is an amine oxidase inhibitor which affects the metabolism of serotonin, epinephrine, norepinephrine and other amines.

**Q. How does Marsilid act?**

**A.** Marsilid has a normal eudaemonic\* rather than an abnormal euphoric effect; it promotes a feeling of well-being and increased vitality; it restores depleted energy and stimulates appetite and weight gain in chronic debilitating disorders.

**Q. How soon is the effect of Marsilid apparent?**

**A.** Marsilid is a slow-acting drug. In mild depression it usually takes effect within a week or two; in severe psychotics, results may be apparent only after a month or more.

**Q. What are the indications for Marsilid?**

**A.** Mild depression in ambulatory, non-psychotic patients; psychoses associated with severe depression or regression; stimulation of appetite and weight gain in debilitated patients; chronic debilitating disorders; stimulation

\*Eudaemonia is a feeling of well-being or happiness; in Aristotle's use, felicity resulting from life of activity in accordance with reason.



# a psychic energizer

## (the opposite of a tranquilizer)

of wound healing in draining sinuses (both tuberculous and non-tuberculous); adjunctive therapy in rheumatoid arthritis when associated with depressed psychomotor activity (Marsilid stimulates physical and mental activity, appetite and weight gain without objective joint changes).

### **Q. What is the dosage of Marsilid?**

**A.** The daily dose of Marsilid should not exceed 150 mg (50 mg t.i.d.). In patients who are not hospitalized, the dosage should be reduced after the first 8 weeks to an average of 50 mg daily or less, for Marsilid is a cumulative drug. Like all potent drugs, Marsilid requires careful individual dosage adjustment.

### **Q. What are the potential side effects of Marsilid?**

**A.** Side effects due to Marsilid are reversible upon reduction of dosage or cessation of therapy. It may cause constipation, hyperreflexia, paresthesias, dizziness, postural hypotension, sweating, dryness of mouth, delay in starting micturition, and impotence.

### **Q. When is Marsilid contraindicated?**

**A.** Marsilid is contraindicated in overactive, overstimulated or agitated patients. Marsilid therapy should be discontinued two days before the use of ether anesthesia. It should not be given together with cocaine or meperidine. In patients with impaired kidney function, Marsilid should be used cautiously to prevent accumulation. Marsilid is not recommended in epileptic patients.

### **Q. How is Marsilid supplied?**

**A.** Marsilid is supplied in scored 50-mg, 25-mg and 10-mg tablets.

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members of the committee as possible to this particular meeting.

The library of tape-recordings continues to be a favorite method of postgraduate education. Each year shows an increasing use of more tapes by a greater number of doctors. It is interesting to note a shift in the past year to subjects pertaining to psychiatry.

The committee wishes to commend the Medical School for the recent establishment of a full-time Department of Postgraduate Education, and will be happy to cooperate with or assist the department.

## UNDERGRADUATE EDUCATION

The hospital Junior Day was held in the spring this year in Hurty Hall. It was preceded by a meeting of intern committee members from various Indiana hospitals. The chief of each major department at the Medical School gave a résumé of the teaching methods used during the junior and senior years. This was followed by a discussion of what constitutes a good internship. During the afternoon juniors had an opportunity of discussing the advantages of interning in Indiana hospitals with the various hospital intern committees and representatives.

The president of the I. U. Student A.M.A., Pete Guterrez, was invited to attend one committee meeting. His remarks concerning the students' opinion of their Medical School training were pertinent. Additional opinions included preceptorship, externship, and family care programs. The committee recommends further meetings with representation of the S.A.M.A.

## LIAISON

Three members of the committee have at times during the past year served as liaison with various nurses groups. One meeting was with the Nurse-Aids groups who are doing an excellent task of on-the-job training. One of the leaders in this group is Mrs. Cy Clark.

Three other meetings were with the combined organization interested in the problem of financing nursing education.

It is the opinion of this committee that these particular liaison necessities could better serve the State Association within the province of some other committee such as "Physician-Hospital Relations."

This committee's functions have become so broad in scope that the needs of the State Association also might be better served if the committee could be enlarged and subdivided into four parts of three members each. Three members particularly interested in AMEF might serve in that division; three members interested in licensure, three members interested in postgraduate education, and three members having a particular interest in undergraduate and graduate education. Each sub-committee might well function as a unit, meeting

as often as necessary, and then reporting to the complete committee which would need to meet only a couple of times a year.

The Chairman wishes to thank the members of the committee and the many others who have contributed so generously with their interest, time, and cooperation.

HARRY E. KLEPINGER, M.D., *Chairman*

MAURICE E. GLOCK, M.D.

WENDELL E. COVALT, M.D.

WILLIAM L. DAVES, M.D.

DONALD E. WOOD, M.D.

JAMES W. DENNY, M.D.

JAMES H. GOSMAN, M.D.

## COMMITTEE ON PHYSICIAN-HOSPITAL RELATIONS

No report.

RALPH V. EVERLY, M.D., *Chairman*

ROBERT H. RANG, M.D.

JOSEPH B. DAVIS, M.D.

FRANK H. GREEN, M.D.

WILLIAM J. GERDING, M.D.

## COMMITTEE ON PUBLIC POLICY AND LEGISLATION

The Committee on Legislation wants to take this opportunity to thank Mr. Waggener, Mr. Amick, Mr. Bush, Mrs. Grover and our Legal Counselors and the office staff for the excellent service and attention they gave to this committee during the session of the State Legislature. They worked overtime and they worked diligently.

With the approval of the Executive Committee we tried a new method this year of informing the members of the Committee, the officers of the Association and each component county society of the events taking place in the State Legislature. We purchased sufficient copies of the daily calendar published for members of the Legislature for distribution to all the above. Members of the Association received the same information and on the same day as did members of the Legislature, giving the number and title of each bill, the names of the authors, the committee to which the bill was assigned and a brief digest of every bill. Later in the session this daily service kept all informed as to the action taken by the committees, the House or Senate and where the bill was at the time of the report. We believe this was a valuable service and we would recommend that it be repeated in the future.

During the session the entire committee met with members of the Health committee of House and Senate at which time the services of the committee were proffered to those on the Legislative commit-



tees. Mr. Hollowell, Doctor Wood, and Doctor Wright met with Mr. Waggener in the headquarters office each Wednesday noon to review all bills having a bearing upon medicine, and planned the course of activity for our employees who were carrying on the contact work in the Legislature. The co-chairmen of your committee, Doctor Wood and Doctor Wright, made themselves available upon call for appearance before committee sessions during the Legislature, and made many personal contacts with members of both the House and Senate.

There were over 500 bills introduced in each House. A great many of them contained some reference to medical problems. However, there were three or four bills which had a direct bearing on some medical problem.

#### S.B. 403

This bill was publicized in the press as the doctors' right-to-work bill, and provided that anyone holding a license to practice medicine and surgery in Indiana would automatically receive certain privileges in all hospitals in Indiana.

This bill was strenuously objected to by the Hospitals and Hospital Trustees groups. We, as a committee, felt we could not take a definite stand on this bill for several reasons. 1. The policy of the Association regarding such a measure has never been established, and this committee has no authority to establish policy. 2. The bill, we feel, was primarily aimed at some of the private hospitals. Private hospitals in Indiana are organized under charters granted by the state and it was learned that the Legislature has no power to alter the terms of the charter. This being the case, passage of the bill would have had no effect on the private hospitals.

Our experience with this particular bill brings our suggestion that our Association should adopt a definite policy which would assure patients of the best medical care possible and yet medical staffs should not be throttled by the dictates of lay boards or other organizations or commissions unfamiliar with local conditions.

The Committee and the Association in turn has received some criticism from some of the members for not taking a position of actively supporting this bill. The above explanation we believe justifies our position, and we daresay there was great disagreement among the profession of the pros and cons of this particular legislation.

The legislation proposed by the Association, designed to bring about registry of all household products containing a poison which could prove injurious and proper labeling, probably brought as much excitement as any other bill introduced before this session. The bill was passed and became law with the provisions of the law effective as of January 1, 1958. During the course of progress of this bill, approximately 50 corporation lawyers and

representatives of manufacturers from all over the country met in a mass meeting in the Board of Health auditorium for a discussion of the provisions of this law. It is apparent that this particular type legislation is the first of its kind in the nation. It should materially assist in the development of the poison centers throughout the state and will for the first time provide a means of saving valuable time for the physician in determining the poison ingredients present in these products.

The Chiropractor bill was in again—this session there were two but both called for their separate board. The bill introduced in the House never came out of committee, the Senate bill did come out but failed to obtain a constitutional majority and the authors did not bring it to a vote again. Therefore this legislation was deferred, but we can be sure that the group will be back in 1959 to try again. They have been trying now for 32 years and over the years have made some headway. Individual members and component societies will have to do more work with candidates and those elected to continue to hold off this legislation for another 32 years.

An attempt was made to draw the Association into a private war between the optometrists and dispensing opticians but we stayed out of this controversy. No legislation on this subject was adopted.

The bill requiring full citizenship by a physician to be eligible for licensure never came out of committee. It is our feeling that one of the members of the committee strongly objected to this legislation on the basis of his own ancestry and the many people of foreign birth who elected him to the legislature.

Our State Legislature like the Congress is seeing a greater number of bills introduced each session which have some bearing upon a medical problem or program. It may not be the intent to obtain successful action on the bill at the time, but many times the subject matter and the action or lack of action makes good campaign material for the forthcoming elections.

Your committee strongly recommends that all allied groups should meet together more often to discuss areas in which legislation is contemplated, and that joint planning of legislative programs might be one way of securing better legislation in the health field and also a means of correcting a bad bill before it gets too far in the legislative machinery.

J. WILLIAM WRIGHT, M.D.	} Co-chairmen
DON E. WOOD, M.D.	
WILLIAM R. TINDALL, M.D.	
J. L. WYATT, SR., M.D.	
C. V. ROZELLE, M.D.	
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## COMMITTEE ON RURAL HEALTH

Following the state meeting of the Indiana State Medical Association, several members of the Rural Health Committee went on to Purdue and attended a State Conference of the Council on Rural Health sponsored by the American Medical Association which was monitored by Dr. F. S. Crockett and Mr. Aubrey Gates and attended by delegates from about 30 states. This was a highly successful conference held October 19-20 and it was decided to hold a similar one in October, 1957.

On January 6, 1957 a dinner meeting at the Student-Union Building of the Medical Center was called with the chairmen of the county medical societies and the Auxiliary chairmen as guests. Mr. Gates and Dr. and Mrs. Elton Clarke participated in this meeting. A digest of the Purdue Conference material was given to those present.

Members of the committee attended the National Rural Health meeting in Louisville in March.

Again this year the eagerly anticipated Junior-Senior Day was held at the Columbia Club on April 6. Those participating were Drs. Paul D. Crimm, J. E. Dudding, W. L. Portteus, James A. Chase, Elton R. Clarke, F. S. Crockett and Mrs. Kenneth Schneider and Mrs. Charles Sewell. The cocktail hour was sponsored by the Mead Johnson Company and dinner by Blue Shield, both of which were greatly appreciated.

The Committee continued to sponsor the placement program with the able assistance of the executive office, and also continued to promote health forums and health days through the effort of medical auxiliaries.

It is planned to have a meeting later in the year with the heads of the farm organizations, the extension services and other allied groups for discussion of common problems.

It is the opinion of the members of this committee that to be fruitful, the seeds of these conferences must be carried down through the county medical societies to the grass roots, the rural people, and through the medical school to the students.

JOSEPH E. DUDDING, M.D., *Co-chairman*  
JOHN A. DAVIS, M.D., *Co-chairman*  
H. N. SMITH, M.D.  
STEWART D. BROWN, M.D.  
FORREST J. BABB, M.D.  
RICHARD P. YODER, M.D.

## SUB-COMMITTEE ON PRECEPTORSHIPS

The Sub-Committee on Preceptorships met December 9, 1956, and outlined the following program for the year of 1957:

1. To meet with the Junior Class in January, 1957, and discuss preceptorship training.
2. To continue efforts to encourage preceptor-

ships in undergraduate training and request that the medical school publish a set of limitations and privileges of preceptee as well as the responsibility of the preceptor.

3. To explore family care plan and set up patterns with the General Hospital clinics and medical school curriculum.

The Committee met on January 9, 1957. The following were present: Drs. Bibler, Acher, Dutchess, R. W. Kuhn, and Land of the Committee, and Drs. G. W. Irwin, A. W. Shrigley, and J. Mahoney of the Medical School.

At the committee meeting luncheon, the following listed items were discussed:

1. The availability of the survey concerning hospital externships which was performed by the Educational Committee of the Indiana State Medical Association of the past year. This information, it was deemed by this committee, should be available for the use of the students and the use of Dr. Shrigley and Dr. Mahoney in their conferences with the students. It will take coordination between this committee and the ISMA Education Committee to accomplish this.
2. Further inquiry into the possibility of setting up preceptorships as part of the required fourth-quarter work of the student was discussed. At the present time, this is not an early possibility. There are many factors entering into this. One item is the fact that during this quarter, the student plans to work as an extern or on one of the medical center research projects which are supported by donated funds. Since there is no pecuniary reward for participation in the preceptorship, most students, of necessity, select one of the other programs.
3. It was noted that the medical school has appointed a committee to discuss the mechanics of arranging a family care program which would be valuable for orientation for the students in general practice. A committee of the medical school is ready to meet with the committee of the Indiana State Medical Association at the earliest possible time.

The committee then adjourned to Hurty Hall where the entire Junior class was in attendance. A program was presented as follows:

1. The reason for the development of preceptorships.
2. The responsibility of the preceptor.
3. The responsibility of the preceptee.
4. The educational advantages of the preceptorship.

Following these short talks, the Junior class was divided into six groups, each one of our six

physicians making himself available for questions concerning preceptorships.

**Summary:** The men in the class evidenced a great deal of interest in the preceptor program. They all felt that such type of program would be of benefit in their general medical education. However, it was repeatedly pointed out that, since there is no pay involved and since over fifty-five percent of the Junior Class is already married, and preceptorship means moving to another community, the program is not feasible for many.

The committee explored the possibility of obtaining some type of financial remuneration for the preceptor. This being a new consideration, the members are to give thought to such a program prior to the next meeting.

The third meeting of the committee was held on June 26, 1957, when the committee members were guests of the Medical Education and Licensure Committee.

During this meeting, the following events transpired:

1. The chairman in speaking to the Junior Class noticed a definite and enthusiastic response concerning a preceptorship-externship program.
2. It was determined that a combination externship-preceptorship in communities throughout the state would be developed and available by September, 1957.
3. There was approval of a project to print a brochure of information concerning the projected program, the cost of the brochure to be borne by the Sub-Committee on Preceptorships.

Further meetings of the committee are to be held with representatives of the Faculty during the months of July, August, and September.

The chairman of the committee attended the 57th Annual Congress on Medical Education and Licensure in Chicago, February, 1957.

**Recommendations:** It would appear that the original purpose of the Sub-Committee on Preceptorships has been served due to the untiring efforts of Dr. Lester Bibler and his guidance of other members of the committee. Therefore, it is recommended that this committee be abolished and the functions of the committee be handled by a section of the Medical Education and Licensure Committee devoted to undergraduate Medical Education.

The Chairman wishes to thank all members of the committee for their interest and cooperation. In addition, he wishes to acknowledge the excellent cooperation received from the Indiana University School of Medicine and the Committee on Medical Education and Licensure.

FRANCIS L. LAND, M.D., *Chairman*  
LESTER D. BIBLER, M.D.  
R. W. KUHN, M.D.  
ROBERT P. ACHER, M.D.  
GEORGE S. ROW, M.D.  
C. TONEY DUTCHESS, M.D.  
JAMES W. DENNY, M.D.

## AUDITING COMMITTEE

The annual meeting of the Auditing Committee was held on July 18, 1957, at the Indiana National Bank, Indianapolis. The investments of the association were examined in detail and are listed below:

### General Fund:

United States Savings Bonds, Series G--	\$ 41,000.00
United States Savings Bonds, Series K--	55,000.00
United States Treasury Bonds-----	115,000.00
United States Treasury Bills-----	20,000.00
United States Certificates of Indebtedness -----	10,000.00
	<hr/>
	\$241,000.00

### Medical Defense Fund:

United States Savings Bonds, Series G--	\$ 8,000.00
United States Savings Bonds, Series K--	1,000.00
United States Treasury Bonds-----	14,000.00
United States Treasury Bills-----	3,000.00
	<hr/>
	\$ 26,000.00

### Student Loan Fund:

United States Treasury Bills -----	\$ 5,000.00
	<hr/>
Total investments, all funds-----	\$272,000.00

Bank statements of cash balances, as of June 30, 1957, in the Indiana National Bank, the American Fletcher National Bank and Trust Company, and the Fidelity Bank and Trust Company were examined by the committee. These statements showed balances in the respective funds of the association as follows:

General Fund -----	\$ 21,366.12
Medical Defense Fund -----	3,278.76
JOURNAL Fund -----	17,651.75
Student Loan Fund -----	3,864.23
Petty Cash Fund -----	1,274.33
	<hr/>
Total cash on hand, June 30, 1957-----	\$ 47,435.19

ROY V. MYERS, M.D., *Chairman*  
E. H. CLAUSER, M.D.  
LAWSON J. CLARK, M.D.

## COMMITTEE ON CANCER

No report.

## COMMITTEE ON CHRONIC ILLNESS

Due to an unfortunate series of circumstances this Committee did not have a regular meeting this year.

It is, however, the feeling of the Committee that chronic illness, especially that part concerned with care of the aged, is at the present time, such a routine part of the practice of medicine, that particular or specific measures need not be considered by a Special Committee.

We feel that it behooves each practitioner of medicine to recognize the fact that the care of



aged patients is going to be a larger and larger part of his practice, and that there are no more special problems concerned than there is in the treatment of any other specific group of patients.

MILTON H. OMSTEAD, M.D., *Chairman*

I. E. HUCKLEBERRY, M.D.

J. R. NASH, M.D.

F. R. N. CARTER, M.D.

WILLIAM B. LYBROOK, M.D.

GEORGE A. MAY, M.D.

## COMMITTEE ON CIVIL DEFENSE

The Committee has been urging Indiana University School of Medicine to participate in the program of Medical Education for National Defense commonly known as the MEND program. The purpose of the program is to encourage the teaching of principles of military and disaster medicine by regular faculty members of the Medical School. Nothing is mandatory; each faculty is free to accept or reject any part of the program not consistent with the local philosophy of medical education. All emphasis is on the medical rather than the military topics. When this program has been incorporated in our Medical School, then every graduating student will have had a basic course in civil defense medical disaster planning and operation. Twenty-five medical colleges in the United States are now participating in this program and ten additional colleges have been added to the participating group in the past year. Unfortunately, Indiana University School of Medicine failed to make formal application at a sufficiently early date to be included in the present year, since only ten schools could be added to the participating group due to the allotment of funds available at this time. I. U. School of Medicine now has a formal application filed to participate in this program and it is anticipated that the school will be accepted for this program in the next year.

The Fifth Annual National Medical Civil Defense Conference was held in conjunction with the A.M.A. Convention in New York City on June 1, 1957. At this conference it was made clear that a definite change in concept of medical preparedness for civil defense is necessary at this time due to the wider area which can be damaged (25 miles radius) and the increased destructive effect of the hydrogen bomb on populations subject to being bombed and also due to the problem of "fallout" of radioactive dust particles in the downwind area from the point which has been bombed (200 miles plus). Instead of medical and first aid personnel being able to move, as rapidly as possible, into a disaster area as was considered theoretically safe and possible with use of the atomic bomb, it now becomes necessary for radiological monitoring to be made of any area before it is determined to be safe for medical, first aid or rescue personnel to move

into either the bombed area or its immediate environs. It is now contemplated that such radiological survey may require three to four days before safe areas can be determined for medical and allied personnel to move into. There is also a marked change in the concept in the patient load which the medical personnel will be called upon to care for, inasmuch as a hydrogen bomb would kill virtually all people in the disaster area. There would be casualties of the ordinary type from falling timbers, flying glass, etc., about the periphery of the target area in a zone beyond 25 miles from ground zero. Contemplating also the loss of hospital facilities in target areas the concept at present is that small 200-bed hospitals of the type being stockpiled by F.C.D.A., which can either be housed under canvas or can be set up in large school buildings, etc., would be set up in order to handle the load of disaster patients requiring hospitalization and to replace the normal hospital bed loss suffered in the target areas.

In the last two years greater emphasis has been placed on the more simplified and practical approach for medical disaster planning in the form of a Disaster Plan for each individual general hospital throughout the state and the nation. Since the Joint Commission of Accreditation has established a system of checking on the Disaster Plan for each individual hospital, most hospitals in the state have prepared some type of a disaster program. However, many of these plans are very generalized and do not contain specific assignments of hospital nurses, staff physicians, nurse aids, orderlies, administrative personnel, etc., to provide for a working pattern of staffing for the disaster program. In order that a hospital Disaster Plan may be expected to work efficiently at the time it is called upon to do so in an emergency, it is absolutely essential that every individual having a job or connection with the hospital, plus such outside auxiliary aids as civil defense police and regular police forces to handle traffic about the hospital, know their specific tasks. A system of notifying friends and relatives of patients away from the hospital, must be specifically devised and individuals assigned to the necessary tasks. Representatives of our State Board of Health, in making inspection of hospitals throughout the state, are picking up copies of the disaster plans of each individual hospital. These will be scanned and after sufficient survey has been made, recommendations for the improvement of existing hospital Disaster Plans will be made.

Although civil defense medical planning is irksome to many and it is a constant bother to keep up with the ever-changing concepts necessitated by increased knowledge of more devastating atomic and hydrogen weapons which are continually being developed, nevertheless the Committee feels it is essential for the medical profession to keep abreast of these changing concepts and to participate both locally and statewide in keeping

our civil defense planning up to such a level so that should we ever be called upon to perform, the medical profession would be able to fulfill the duty and obligation which will fall upon us.

GLEN WARD LEE, M.D, *Chairman*  
RAY ELLEDGE, M.D.  
SETH ELLIS, M.D.  
JOSEPH WEST, M.D.  
JEAN V. CARTER, M.D.  
MILTON POPP, M.D.

## COMMITTEE ON CONSERVATION OF HEARING

This committee suggests that the Indiana State Medical Association recommend that all children who are found to have deficient hearing, in the school hearing test program, be referred to an otolaryngologist for otological assessment.

The committee believes that a program of public education regarding hearing impairments is desirable; therefore, it is presenting a resolution to the House of Delegates requesting that the Committee on Conservation of Hearing be empowered to conduct such a program.

For the past three years there has been a Sub-Committee on Noise in Industry. This year this committee, under the guidance of Dr. David Brown, has assumed its functions. This seemed to be logical since the composite guide for Conservation of Hearing in Indiana Industry needed to be modified and changed only in the light of what has been developed in the past year by the various national committees engaged in scientific investigation in the field of noise. Also because several of the members have participated in the work of the sub-committee since its establishment. However, for the sake of continuity and in anticipating the need for its re-establishment, the following is presented as a sub-committee report.

The Sub-committee is of the opinion that from year to year certain changes and additions will have to be made in the hearing conservation guides for industry and from the medico-legal aspect in ascertaining hearing losses and disabilities. This is because of the newness and lack of development in this field and because the various national committees engaged in scientific investigation of these problems do not have final solutions. To maintain the continuity of such a program, it is felt that the State Sub-Committee should have some degree of permanency for a period of perhaps five to six years.

The Indiana Sub-Committee on Noise in Industry has consolidated and amended the reports of the past four years and desires to have this published in pamphlet form for the convenience of all concerned.

### A GUIDE FOR CONSERVATION OF HEARING IN INDIANA INDUSTRY

With recognition that loss of hearing can result from exposure to intense industrial noises, Indiana

industries are faced with a dual responsibility of obtaining proper measurements of hearing acuity and a maximum protection against hearing loss due to occupational noise exposure. At the request of the Industrial Committee of the Indiana State Medical Association the Sub-Committee has set forth in this publication some recommended procedures and principles which can be used as a basic guide in providing a hearing conservation program in industry.

In preparing this guide, the Committee is conscious of the fact that it cannot offer a "blue-print" for industry to follow. Local medical resources, the size of the plant and its associated noise problem, and many other factors must enter into a determination of the best program to follow on the local level. All the Committee can do is to point out certain problems and suggest ways by which the welfare of Indiana workers can best be protected against loss of hearing.

## GENERAL INFORMATION

### BASIC INFORMATION ABOUT HEARING LOSS AND NOISE-EXPOSURE

Although there is still much to be learned about the relations of hearing loss to noise-exposure, we have accumulated enough information through experience and research to enable us to organize and conduct a hearing conservation program. This basic information is, in brief:

1. Many noise-exposures can produce a permanent hearing loss that may affect communication by speech.
2. Noise-induced hearing loss may be transient, permanent, or a combination of transient and permanent.
3. Permanent noise-induced hearing loss is due to destruction of certain inner ear structures which cannot be replaced.
4. The amount of hearing loss produced by a given noise-exposure varies from person to person.
5. Noise-induced hearing loss first affects man's hearing of sounds higher in frequency than those necessary for communication by speech. Therefore most early noise-induced hearing losses pass unnoticed unless they are detected by suitable hearing tests.
6. Four major factors characterize noise-exposure:
  - (a) overall noise level
  - (b) composition of the noise
  - (c) duration and distribution of exposure during a typical workday
  - (d) total time of exposure during a work-life
7. Man's hearing ability and noise-exposure can be measured reliably by competent, properly qualified personnel. (The measurement and evaluation of impact noises, which are pro-



duced by drop hammers, riveting guns, etc., present special problems.)

8. To be effective a hearing conservation program should include:
  - (a) a noise-exposure analysis
  - (b) provision for control of noise-exposure
  - (c) measurement of hearing

## INDICATIONS OF THE NEED FOR A HEARING CONSERVATION PROGRAM

The initiation of a hearing conservation program should be considered whenever persons have

1. Difficulty communicating by speech while they are in the noise, or
2. Head noises or ringing in their ears after working in the noise for several hours, or
3. A loss of hearing that has the effect of muffling speech and certain other sounds after several hours of exposure to the noise. (This hearing loss is transient and usually disappears in a few hours.)

Absence of pain should not be construed to mean absence of hearing loss. Pain is produced in the ear when noise levels are of the order of 130 db; noise-induced hearing loss, however, may be produced at considerably lower noise levels. Pain and annoyance are not reliable indicators of a potential noise-induced hearing loss. The decision to initiate a hearing conservation program should not be influenced by the presence or absence of these symptoms.

Ultimately, the analysis of noise-exposure is the only completely satisfactory way of establishing the need for hearing conservation.

## OUTLINE OF A HEARING CONSERVATION PROGRAM

A hearing conservation program consists of three parts:

1. Analysis of Noise Exposure  
Noise-exposures are analyzed in terms of:
  - (a) overall level
  - (b) composition of the noise
  - (c) duration and distribution of exposure during a typical workday.
  - (d) total exposure time during a work-life

Measurement of each of these four factors of noise-exposure is important for hearing conservation. Even though two different noises have the same overall level, their compositions may differ considerably (to such an extent, in fact, that one may produce a permanent hearing loss while the other may not). Also, the auditory effects of continuous noise-exposures are different from the effects of intermittent exposure to the same noise.

Readily available sources of service are as follows:

Industrial Hygiene Division of the Indiana State Board of Health, Indianapolis, Ind.  
Trained specialists supplied by insurance carriers.  
Trained acoustical consulting engineers.

## 2. Control of Noise Exposure

Noise-exposure may be reduced by:

- (a) Environmental control
  - (1) reducing the amount of noise produced by the source
  - (2) reducing the amount of noise transmitted through air or building structures
  - (3) revising operational procedures
- (b) Personal protection

The most satisfactory method of environmental control of noise-exposure is to control the noise at the source. Unfortunately, this is not always possible. When the amount of noise produced by the source can not be sufficiently reduced a combination of control methods may be required to conserve hearing.

## 3. Measurement of Hearing

A hearing conservation program should include

- (a) preplacement hearing tests, and
- (b) routine periodic follow-up tests.

These tests of hearing are the most important part of a hearing conservation program. They provide a record of the initial status of an employee's hearing and make it possible to follow any subsequent changes in hearing ability. Preplacement and follow-up tests help to identify persons who may be highly susceptible to noise-induced hearing loss. Test results will show whether the conservation program is effective or not.

Even when noise-exposures are not severe enough to warrant a hearing conservation program, it is desirable to test hearing systematically as part of routine physical examination.

## RESPONSIBILITY FOR CONSERVATION OF HEARING

### *Medical Responsibility*

The conservation of any human function is primarily a medical responsibility. Hearing conservation is no exception. Prevention, diagnosis and treatment of hearing loss; validation and approval of audiometric records; and the final assessment of measurements of hearing are medical responsibilities. Any hearing conservation program without medical supervision must be considered inadequate.

Direct medical supervision of a hearing conservation program is highly desirable. Here a physician is responsible for the organization and administration of the testing program as well as for checking and evaluating audiometric records. The physician himself does not perform all the operations necessary to the conduct of the program; he delegates responsibility for many of the technical activities to members of his staff, setting up standards or limits within which they can operate semi-autonomously. Whenever medical rec-

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ords show that control of noise-exposure may be inadequate, the physician in charge so reports. The responsibility for making necessary noise measurements and for effecting further environmental noise-exposure controls then devolves on the industrial hygienist, members of the engineering or safety departments or other persons assigned to the task. Although the actual operations of measurement and protection are performed by both medical and non-medical personnel, the physician ultimately is responsible for the health of the employee.

Medical supervision must be available if a hearing conservation program is to serve its dual purpose of preventing hearing loss and providing valid records for compensation claims. Many companies do not have a full time medical department and cannot provide direct medical supervision for a conservation program. These companies can, however, satisfy the general requirement of medical supervision by employing medical consultants.

#### *General Cooperation*

The success of hearing conservation depends on the complete cooperation of employer and employee alike. All groups stand to benefit equally from a hearing conservation program, and all groups should give the program their active support. Supervisory personnel should initiate noise measurements, make the environmental changes that are necessary for noise-exposure control, furnish any required ear protection and make it readily available to all employees, acquaint all employees with the benefits to be derived from hearing conservation, and, by example, promote attitudes that will benefit the program. Each employee should make proper use of the personal protection that is provided, obey environmental regulations, and participate willingly in the hearing testing program.

### TECHNICAL INFORMATION

#### ASSESSMENT OF NOISE-EXPOSURE

##### 1. General

Most industrial noises can be classified as either impact-type noise or steady noise. Impact noises (generated by drop hammers, punch presses, paper shredders, etc.) are composed mainly of sharp bursts of sound. Each burst begins to die away before the succeeding one is generated, producing the overall effect of a rapid rise to a maximum of intensity followed by a somewhat slower decay. Because of these characteristic rapid fluctuations, one must use special equipment and special techniques to measure the levels of impact noise. "Steady" noises, on the other hand (generated by compressed air, diesel engines, lathes, etc.) are more easily analyzed. Intensity fluctuations in steady noises take place at irregular intervals and involve only a narrow range of frequencies at any one time. Overall levels tend to stay the same.

The acoustic energy in noise is seldom distributed uniformly among the component frequencies. In some noises (piston engines, pit furnaces) the energy lies mostly in the lower frequencies, in others (pneumatic peen hammers, high speed cutoff saws) it is predominantly in middle and high frequency ranges. The frequency distribution of energy in a noise, the noise spectrum, can be found by measuring noise levels in each of several "bands" of frequencies. These bands are selected from the overall noise by means of filters. Band widths commonly used in noise analysis range from octave band to half-octave, third-octave and even narrower.

##### 2. Method of Measurement (steady noise)

###### (a) Noise Levels and Composition of the Noise

Both the overall level and octave band levels must be measured whenever noise-exposure evaluations of steady noise are made.

Overall sound levels of steady noises may be measured with a sound level meter (often designated SLM). The "C" or flat response scale of a sound level meter measures average overall sound pressure level in decibels re 0.0002 dynes per square centimeter. The meter indicator responds to irregular fluctuations present in the steady noise and usually does not remain fixed in one position while a measurement is being made. Because of these fluctuations the average of several readings taken at a measuring point is recorded as the overall sound pressure level of the noise at that location.

An octave band analyzer (often designated OBA) consists of a series of electronic filters that select for measurement each of several octave bands in the noise. Most standard analyzers are designed to filter eight octave bands: 37.5-75, 75-150, 150-300, 300-600, 600-1200, 1200-2400, 2400-4800, and 4800-9600 cps. Some analyzers are designed to measure sound pressure level in one-third octave bands or in narrow bands of constant width; for example, 5 cycles or 20 cycles. Such measurements are entirely acceptable, but are not necessary for hearing conservation purposes.

The sound level meter and octave band analyzer do not measure impact noise levels accurately. If a noise-exposure includes impact noises, qualified acoustical engineers should make the noise measurements with special equipment.

Noise level measurements should always be made at the approximate position of the employee's most exposed ear. To take account of the noise level variations produced by changes in operational schedules or procedures, repeated measurements should be made during a single day as well as on different days of the week.

The measurement of noise-exposure requires a high degree of skill. It should be undertaken only by personnel with training and experience in



making physical measurements with electronic equipment.

(b) Duration and Distribution of Exposure During Work-day and Work-life.

Noise-exposure cannot be assessed by noise measurements alone. The effects of continuous exposure to a given noise level differ from the effects of an exposure interrupted by periods of reduced noise level. Therefore we must know how the exposure to noise is distributed in time throughout a representative or typical work-day. Also, before the assessment of noise-exposure is complete we must determine the expected total exposure time during a work-life.

3. Hearing Conservation and Noise-exposure.

Two things must be considered before we can set a limit beyond which noise-exposures are judged to be severe enough to warrant an organized program of hearing conservation. First, can a realistic hearing conservation program provide complete protection for all ears; and second, what do we know about the effectiveness of the different components of noise-exposure in producing hearing loss?

(a) Limitations of a Practical Hearing Conservation Program

The aim of hearing conservation is to prevent loss of hearing for all persons exposed to noise, but unfortunately complete protection cannot always be realized. Sometimes practical programs can achieve only a limited goal. For example:

- (1) Prevention of hearing loss at all audible frequencies may not prove possible. Particular efforts should then be made to protect hearing at the frequencies most important to communication by speech (500, 1000, and 2000 cps).
- (2) Prevention of hearing loss in every person who is exposed to noise may not be possible. Some few ears are highly susceptible to noise-induced hearing loss. As yet, there is no predictive test that will enable us to identify persons with highly susceptible ears. No practical general rule of protection is equally effective for all persons exposed to noise: the protective measures that prevent loss of hearing in normally-susceptible ears are not effective for highly susceptible ears.

(b) Noise-Exposure and Hearing Loss

Noise-induced hearing loss depends upon noise levels and exposure time. Any attempt to assess the need for hearing conservation must take account of both.

The effects of continuous exposure to steady noise may depend on the way the sound energy is distributed in the noise. Early noise-induced hearing losses are usually confined to the frequencies around 4000 cycles per second. As the exposure lengthens, the losses spread to lower

frequencies, whose audibility is more directly involved in the understanding of speech. Data on noise-induced hearing loss, both temporary and permanent, indicate that the losses occur at frequencies above those that characterize the exposure sounds. Since the most important frequencies to be protected are in the range 500 to 2000 cps inclusive, it follows that the 300-600 and 600-1200 cps bands deserve our major attention if we are trying to protect man's hearing for speech.

At the present time our knowledge of the relations of noise-exposure to hearing loss is much too limited for us to propose "safe" amounts of noise-exposure. We can, however, point to certain noise levels that indicate when it is advisable to initiate hearing conservation programs. These levels will not be general because a different level is needed for different types of noise and different schedules of exposure. The hearing conservation level that we now specify tentatively applies only to years of exposure to broad-band steady noises with relatively flat spectra. It does not apply to short exposures, and above all, it does not apply to impact noises or narrow band noises. This tentative hearing conservation level is stated as follows:

If the sound energy of the noise is distributed more or less evenly throughout the eight octave bands, and if a person is to be exposed to this noise regularly for many hours a day, five days a week for many years, then: if the noise level in either the 300-600 cycle band or the 600-1200 cycle band is 85 db, the initiation of noise-exposure control and tests of hearing is advisable. The more the octave band levels exceed 85 db the more urgent is the need for hearing conservation.

The 85 db is not an overall sound pressure level; it refers to two particular octave bands. The overall level of noise is always higher than the level in any one octave band; in typical industrial steady noises it may be as much as 20 db higher.

Overall and octave band levels measured in three typical industrial noises are reported in Table I. For all three of these noises the overall level exceeds the level in the 300-600 or the 600-1200 octave bands by at least 10 db and for one noise by 16 db.

TABLE I  
OCTAVE BAND ANALYSIS OF THREE  
TYPICAL INDUSTRIAL NOISES

Overall Level	Sound Pressure Level in db re 0.0002 dynes/cm <sup>2</sup>							
	Octave bands (cycles per second)							
	37.5 to 75	75 to 150	150 to 300	300* to 600*	600* to 1200*	1200 to 2400	2400 to 4800	4800 to 9600
103	84	85	87	93	93	95	97	87
101	91	97	98	85	85	81	80	82
95	84	84	85	84	84	86	88	84

\* Octave bands specified in the tentative hearing conservation level.

## CONTROL OF NOISE-EXPOSURE

### 1. Environmental Control

The environmental control of noise-exposure requires highly technical skills and should be undertaken only with the help of acoustical consultants. Noise-exposure may be controlled by one or more of the following methods:

- (a) Reduction in Amount of Noise Produced by the Source. This method is the most satisfactory for hearing conservation purposes, but it is not always practical or possible. A reduction in the amount of noise produced by a machine or a machining process may be accomplished by:
  - (1) Careful acoustical design of new machines.
  - (2) Modification of design of machines now in use
  - (3) Proper upkeep and repair of equipment
  - (4) Muffling exhausts
  - (5) Changes in methods of processing
- (b) Reduction in Amount of Noise Transmitted Through Air or Building Structures. Control of noise transmission may lower the overall noise level in a general work area, but it has little if any effect on the noise source or on noise levels in the immediate vicinity of the source. A reduction in the amount of noise transmitted to the work area can be accomplished by:
  - (1) Increasing the distance between the work area and the source of noise
  - (2) Constructing barriers between the work area and the source of noise
  - (3) Sound treating work areas to reduce reverberation
  - (4) Placing equipment on vibration mounts
- (c) Revision of Operational Procedure. When necessary and possible, these procedural changes may be used to reduce noise-exposures:
  - (1) Changing job schedules
  - (2) Rotating personnel
  - (3) Enclosing remote control stations
  - (4) Constructing observation booths

### 2. Use of Personal Protection

Ear protectors in effect reduce noise levels at the inner ear. Ear protection is particularly important when noise-exposures cannot be controlled adequately by environmental changes.

- (a) Types of Ear Protector
  - (1) Ear plugs, or
  - (2) Ear muffs

Ear plugs are designed to occlude the ear canal. They may be made of rubber, neoprene, plastic, or cotton impregnated with wax. Contrary to popular opinion, dry cotton affords no protection. Material and shape have little to do with the

effectiveness of commercially available plugs except as they affect acceptance by users.

Ear muffs are designed to cover the external ear. At frequencies above 1000 cps, muffs provide about the same protection as plugs. At frequencies below 1000 cps only certain recently designed muffs provide as much protection as plugs. (See table II for some typical attenuation figures.)

Whether to wear plugs or muffs or both depends in part on the work situation. Will the employee's head be confined to a work space so small there is no room for muffs? Must he wear a hard hat in addition to ear protection? And so forth. There are advantages and disadvantages to the use of either plugs or muffs, and before a choice is made between the two, all the circumstances of a particular job should be considered.

#### (b) Fitting and Indoctrination

An employee's ears should be examined and his hearing tested at the time he is fitted with ear protectors. Plugs should be fitted individually for each ear: if the ear canals are not the same size or shape they may require plugs of different size. To promote the acceptance of ear plugs an employee should be allowed to choose from three or four different makes at the time he is fitted.

As with other kinds of personal protection (hard hats, safety glasses, safety shoes or respirators) it may be difficult to convince employees that they should wear ear protectors. Successful personal protection programs are based on thorough indoctrination of personnel. An employee must be impressed with the importance of ear protection and the benefits to be gained from its consistent use. He should be told:

- (1) Good protection depends on a good seal between the surface of the skin and the surface of the ear protector. A very small leak can destroy the effectiveness of the protection. Protectors have a tendency to work loose as a result of talking, chewing, etc., and they must be resealed from time to time during the work day.
- (2) A good seal cannot be obtained without some initial discomfort.
- (3) There will be no untoward reactions as a result of the use of ear protectors if they are kept reasonably clean. (Skin irritations, injured ear drums, or other harmful reactions are exceedingly rare. A properly designed, well fitted and clean ear protector will cause no more difficulty than a pair of safety goggles.)
- (4) The use of ear protection will not make it more difficult to understand speech or to hear warning signals.

Most of the available ear protectors, when correctly fitted, provide about the same amount of protection. The best ear protector, therefore, is the one that is worn properly. Properly fitted



TABLE II  
AVERAGE ATTENUATION OF EAR PROTECTORS  
(IN DECIBELS OF THRESHOLD SHIFT)  
Measured in the Field and in the Laboratory

Ear Protector Tested	Frequency in Cycles Per Second								
	250	500	750	1000	1500	2000	3000	4000	6000
Seven types of ear plug—lab. n=8	12.6	13.0		19.0		25.7	29.3	27.2	29.7
Two types of ear plug—field* n=25		10	10		16		24		23
One type of ear plug—lab. n=3	28	29		26		34	45	45	45
One type of ear muff—lab. n=3	20	32		43		44	42	38	34
Combination plug and muff—lab. n=3	38	45		41		45	49	47	34

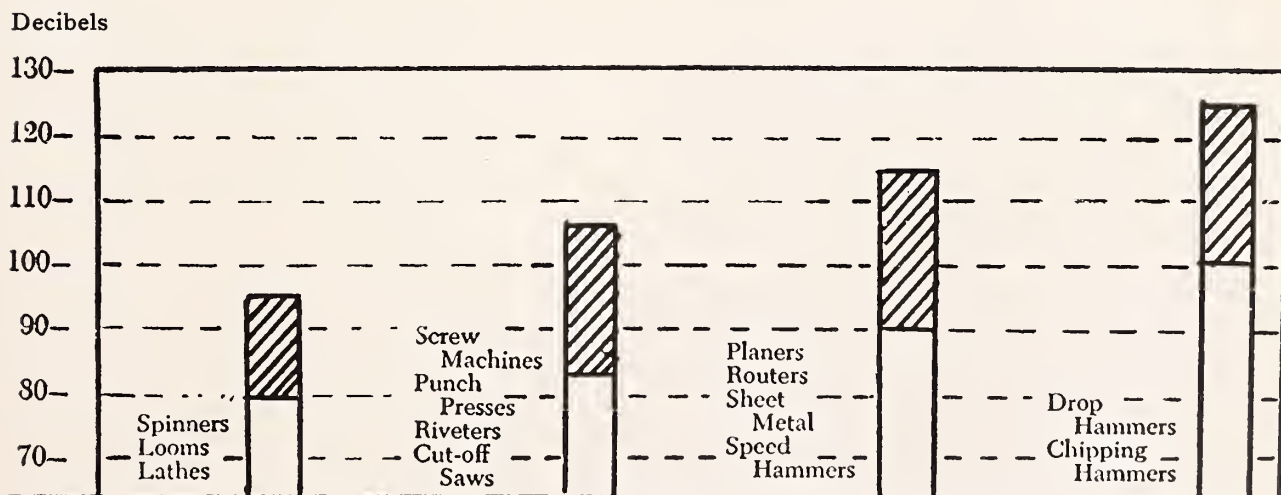
\* The low values of attenuation found in the field can be explained in part by the fact that several of the subjects wore plugs that were too small to provide a good seal.

protectors can be worn continuously by most persons and will provide adequate protection against most industrial noise-exposures.

Ear plugs do not provide the same amount of attenuation in the field as in the laboratory, probably because of incorrect fitting and failure to

maintain a good seal even with properly fitted plugs. Limited research data indicate that in the field ear plugs provide on the average about 5 db less attenuation than in laboratory tests.

A list of the manufacturers of ear protectors is available on request.



Shaded portion indicates range of noise of designated industrial processes

Aram Glorig, M.D., "Noise in Industry." *Industrial Hygiene Quarterly*, Sept. 1953.

## MEASUREMENT OF HEARING

Audiograms must be made a part of the routine medical examination which accompanies employment. The pre-employment pure tone audiogram (air conduction), which is a record of the threshold of hearing acuity of the worker at the beginning of his employment, is the base line of the hearing conservation program in industry. It gives meaning to the periodic rechecks.

Air conduction threshold tests are recommended for preplacement use. The thresholds measured by these tests are sound pressure levels at which certain standard preselected frequencies can just be heard. The term "air conduction" describes the path by which the test sounds reach the ear. In industrial air conduction tests, the test sounds are generated by earphones and conducted through the air in the ear canal to the drumhead. The record of measured thresholds is called a threshold audiogram.

Preplacement threshold audiograms should be made for *all* employees, not only for those who are to work in noisy areas. Such a record may show, for example, the presence of early hearing loss of a type that is responsive to suitable therapy. Detection and treatment of these non-noise-induced hearing losses will help to prevent their subsequent progress and the resulting loss of trained personnel.

It is suggested that pre-employment audiograms be made under the following conditions:

- A. It is necessary to have an occupational as well as medical history for the purpose of screening individuals who have incurred hearing losses as the result of previous exposure to noise. A medical history is useful for uncovering familial deafness and other diseases or injuries that might impair the hearing acuity of the worker. Included are suggested charts which allow for the recording of periodic rechecks on a single page, thereby eliminating bulky files and lost records.

An excellent "Hearing Conservation Data Card" applicable for key punching has been prepared by the Research Center Subcommittee on Noise in Industry, and a pamphlet describing it may be obtained by writing to this Subcommittee at 111 North Bonnie Brae Street, Los Angeles 26, California.

- B. Audiometric testing should be done by an otologist or by trained personnel under the supervision of the industrial physician and his consulting otologist.
- C. Recommended test frequencies are 500, 1000, 2000, 3000, 4000, and 6000 cycles per second. Only air conduction tests are advised. The threshold for each tone should be obtained by the ascending technique (inaudibility to audibility) for each ear individually although both ears are covered by ear phones. The

double ear phones serve to reduce the effects of room noise.

Audiograms showing losses in excess of 10 decibels, but no greater than 20 decibels, are frequently encountered if testing conditions are not as recommended. Such findings may or may not be of significance, but audiograms should be repeated. If a preplacement audiogram shows an average hearing loss of more than 15 db at 500, 1000, and 2000 cycles per second, the employee should be referred to a physician for otological examination and placement evaluation before assignment to a job. Such referral is also advised for employees whose audiograms show any unusual irregularity, particularly an abrupt loss beginning at 2000 cycles per second. Whenever preplacement tests are given, the tester should ascertain that a period of at least 16 hours has elapsed since the subjects' last noise-exposure.

- D. The equipment must be a pure tone audiometer with double head phones equipped with cushions or ear sockets and meet the specification Z 24.12-1951 of the American Standards Association. These machines require recalibration at varying intervals, depending upon the use and care taken but should be electro-acoustically calibrated at least once yearly. They should be rapidly scanned at threshold by the operator before testing an employee. This minimizes mistakes when the machine is grossly out of order. The accuracy of the audiometer should be checked at intervals, depending upon how much it is used, by testing young persons (preferably 10) who have no history of previous ear disease or hearing loss. The average of these individuals should be within five decibels of zero threshold for each frequency. Failure to obtain this indicates either incorrect audiometer calibration or excessive room noise or both.
- E. It is emphasized that the interpreting and evaluating of abnormal audiograms is a function of the physician, primarily the otologist, and should not be assumed by nonmedical personnel. Likewise, the mere taking of audiograms without proper interpretation of the "abnormals" by an otologist should not be permitted.

### F. Audiometry Rooms or Booths

Hearing test rooms should be located in as quiet a place as possible, preferably within practical access but away from outside walls, elevators, heating and plumbing noises, waiting rooms, and busy hallways. If the highest background noise levels do not exceed the values listed in Table III, test room noises will not affect test results.

Minimum inside dimensions of a test room are 4' x 4' x 7'6". If the technician is stationed



## OTOLOGICAL AND AUDIOLOGICAL EXAMINATIONS

### AUDIOMETRIC FINDINGS

[illegible]

September 1957 1199

## OTOLOGICAL AND AUDIOLOGICAL EXAMINATIONS

### Significant Items from Occupational History

### Significant Items from Medical and Surgical History

Physical Defects Other than Ear, Nose, and Throat

Women and Children .....: Because of Ringing in Ears .....

MEDICAL EXAMINER

## AUDIOGRAMS

[illegible]

Space is provided for significant items from the physical examination record to be summarized on this record and for serial recordings of audiometric tests. The reverse side is used for recommendations by the otologist.



inside the test room it must be larger than this specified minimum size.

Test booths should be kept at a comfortable temperature. Air conditioning may be used if it does not raise the sound levels above the values shown in Table III. A fan should provide adequate ventilation and temperature control if temperatures in the area around the booth are moderate. The fan may be operated automatically by a switch that is on when the booth door is open and off when the door is closed. It may be necessary to devise other methods of ventilation to meet the specific requirements of local building codes.

Acoustical treatment of audiometry rooms may prove to be a difficult task and should be undertaken only with the help of an acoustical consultant. Prefabricated audiometry booths usually are more satisfactory and may be cheaper than either reconstructed rooms or sound treated rooms.

TABLE III

SUGGESTED ALLOWABLE BACKGROUND NOISE LEVELS FOR HEARING CONSERVATION AUDIOMETRY ROOMS

It is assumed that (1) no frequencies below 500 cps will be measured and (2) good-fitting binaural earphones will be worn.

	300	600	1200	2400	4800
Octave band	to	to	to	to	to
cycles per second	600	1200	2400	4800	9600
Level in db (C scale)					
re 0.0002 dynes/cm <sup>2</sup>	40	40	48	57	67

No levels have been set for the octave bands 37.5 to 75, 75 to 150 or 150-300 cps. The noise in these bands has little or no effect at the recommended audiometric test frequencies.

G. Personnel Requirements and Training of Audiometric Technicians

The audiometric tests recommended for use in hearing conservation programs can be conducted by trained audiometric technicians. Well motivated persons can be trained in a relatively short time to give good air conduction threshold tests. (Industrial audiometry does not require bone conduction measurements or masking procedures: these are diagnostic tools and should be used only for diagnostic purposes).

Location of possible facilities for the specialized training of industrial audiometric technicians may be obtained from the

- (1) Research Center  
Subcommittee on Noise in Industry  
111 North Bonnie Brae Street  
Los Angeles 26, California
- or

- (2) Committee on Conservation of Hearing  
Indiana State Medical Association

Although it is not essential to have a fully trained audiologist to make measurements of hearing, it is advisable to have a person with comparable training and background to organize and supervise the audiometric program when there are many employees to be tested.

H. Follow-up Tests of Hearing Ability (Threshold Tests or Screening Tests)

General Discussion

Periodic follow-up hearing tests must be given to persons stationed in areas where noise-exposures exceed the suggested hearing conservation level. Most early noise-induced changes in hearing ability occur in the region around 4000 cps. These early losses do not affect communication by speech and usually go unnoticed unless they are detected by follow-up tests. Some few persons are highly susceptible to noise-induced hearing loss and until there is a valid predictive test to help identify highly susceptible ears, the periodic follow-up test is the only way to find them. Follow-up tests may be either threshold tests or screening tests. Screening tests do not establish the auditory threshold, since they show only that a man's hearing is, at any frequency, (a) at least as good as or (b) worse than some chosen screening level (10 db, 20 db, 35 db, 50 db, etc.). In our opinion, this information is inadequate to establish the initial status of an employee's hearing and the screening test is not suitable for preplacement testing. For periodic follow-up tests, however, the requirements are less stringent. Here only changes in hearing need be detected, and these, only within certain limits. For follow-up tests properly designed screening tests are satisfactory.

Threshold Tests as Follow-Up Tests

The first screening follow-up test should be given approximately 90 days after placement unless an earlier test is indicated by long continuous exposure to noise levels greater than 100 db or by complaints of severe tinnitus, excessive temporary hearing loss, or excessively prolonged recovery from temporary threshold shifts. All follow-up tests should be made after as long a period of absence from noise as is practical (but at least 16 hours) to allow for as much recovery

as possible from temporary threshold shifts produced during the previous work day. The preplacement threshold audiogram and the follow-up threshold audiogram are compared. If changes noted on the first follow-up audiogram are less than 15 db it should be sufficient to make subsequent tests at approximately yearly intervals unless otherwise indicated.

If an employee's follow-up test shows a shift of 15 db or more in the direction of increased hearing loss at one or more of the six recommended audiometric frequencies, appropriate steps should be taken to conserve his hearing.

#### Screening Tests as Follow-Up Tests

The first screening follow-up test should be given approximately 90 days after assignment unless otherwise indicated. It should be given prior to any daily noise-exposure and after at least 16 hours absence from noise. The results of the screening test are compared with the thresholds measured in the preplacement test. If all changes noted on the screening follow-up test are less than 15 db, it should be sufficient to make subsequent follow-up tests at yearly intervals unless otherwise indicated. If the change at any frequency indicates a possible loss of 15 db or more, a threshold audiogram should be made to determine the actual magnitude of the loss at each of the recommended test frequencies. When at any test frequency this follow-up threshold audiogram shows a shift of 15 db or more in the direction of increased hearing loss, appropriate steps should be taken to conserve the employee's hearing.

#### Single-Frequency 4000 cps Screening Tests as Follow-Up Tests

If the loss of hearing at 4000 cps is not more than 50 db, a single frequency 4000 cps screening test may be used as a follow-up test. Within the 50 db limitation the loss of hearing at 4000 cps will be as much as or more than the loss at any of the other recommended audiometric frequencies. This means that the measured value of the threshold at 4000 cps can be considered an upper limit for any threshold shift that may have occurred at the other frequencies. A gross check on changes of hearing can thus be made from measurements of the 4000 cps threshold.

When a single-frequency screening test is used it is advisable to screen at two or more levels 15 db apart so that threshold changes of the order of 15 db will be detected.

If the loss at 4000 cps is greater than 50 db, the single frequency test does not provide an adequate measure of change of hearing

at other frequencies, and a threshold test should be used.

There are several reasons why a single frequency test of this type is desirable.

- (1) It can be completed in a few seconds, and large numbers of persons can be tested in a short time.
- (2) It may be given in any reasonably quiet room such as a quiet office. Such background noises interfere very little with the hearing of 4000 cps at screening levels of 20 db and above.
- (3) It may be given by personnel with a minimum of training.

#### Reassignment Tests

If a large change in the auditory threshold is found by a follow-up test it may be desirable to reassign the employee to conserve his hearing. Before reassignment a series of three recheck audiograms should be made. These audiograms should be made under similar conditions, but on different days. They should be made prior to any daily noise-exposure, and after at least 16 hours absence from noise-exposure. If the three agree within 10 db at four or more of the recommended audiometric frequencies, they are considered to be consistent. If so, the audiogram that gives the lowest average of the threshold values at 500, 1000, and 2000 cps may be used as a basis for reassignment. The employee should be referred to a physician for examination if the audiograms are not consistent.

### THE EXAMINATION OF THE INDUSTRIAL DEAFENED FROM A MEDICAL AND MEDICO-LEGAL ASPECT AS A GUIDE TO THE INDUSTRIAL PHYSICIAN

Hearing loss due to noise is difficult to differentiate from that due to other causes of inner ear impairment such as systemic disease, toxicity due to infection, effects of drugs, malingering, psychogenic deafness, and presbycusis.

All means of differential diagnosis should be used before establishing the diagnosis of hearing loss due to noise. This includes a complete history with special reference to any previous hearing tests, a complete medical examination including otological, accurate pure tone bone and air conduction audiometry, and complete speech reception and discrimination tests. At times a psychiatric examination may be needed. There must be a close correlation between two pure tone audiograms and two speech reception tests.

Allergies and respiratory infections may precede the loss of hearing. These conditions involve the middle ear by direct extension of upper respiratory tract infections or allergic salpingitis of the Eustachian tube. This committee wishes to point out



that hearing losses caused by exposure to noise are due to damage to the inner ear, not the middle ear.

In making a diagnosis of hearing loss due to noise in industry it is necessary to have sound level measurements of the employee's industrial environment to determine if there is a real noise hazard present. There is a possibility of having the loss incurred while away from work.

RECOMMENDATIONS REGARDING  
COMPENSATION CASES WITH  
HEARING LOSSES

In estimating percentage hearing losses for disability it is agreed that some type of speech audiometry to measure the ability to hear speech correctly is the ideal method. This test material is now being formulated but will require time to perfect.

1. In the interim we wish to recommend the following procedure as a temporary stop gap. The loss is calculated by: (1) averaging in decibels (with respect to normal thresholds) the thresholds of hearing for the frequencies 500, 1000, and 2000 cycles per second (or if the audiometer is so calibrated, of the frequencies 512, 1024, and 2048 cycles per second); (2) utilizing a table furnished below to convert the average loss in decibels to a percentage hearing loss. It will be noted that a hearing loss of 15 decibels or less may be within the normal limits of variability and that losses of 82 decibels or more are considered total hearing losses. We arbitrarily chose 82 decibels as 100% hearing loss rather than 80 decibels as in Wisconsin because it permits the use of a simpler arithmetical percentage value for each decibel loss. Each decibel of average hearing loss above 15 is equal to 1.5% hearing loss as noted in the following table:

CONVERSION TABLE FOR OCCUPATIONAL  
HEARING DISABILITY

Average Decibel Loss 250-4000 cps	% of Com- pensable Hearing Loss	Average Decibel Loss 250-4000 cps	% of Com- pensable Hearing Loss
15 -----	0	49 -----	51.0
16 -----	1.5	50 -----	52.5
17 -----	3.0	51 -----	54.0
18 -----	4.5	52 -----	55.5
19 -----	6.0	53 -----	57.0
20 -----	7.5	54 -----	58.5
21 -----	9.0	55 -----	60.0
22 -----	10.5	56 -----	61.5
23 -----	12.0	57 -----	63.0
24 -----	13.5	58 -----	64.5
25 -----	15.0	59 -----	66.0
26 -----	16.5	60 -----	67.5
27 -----	18.0	61 -----	69.0
28 -----	19.5	62 -----	70.5
29 -----	21.0	63 -----	72.0
30 -----	22.5	64 -----	73.5
31 -----	24.0	65 -----	75.0
32 -----	25.5	66 -----	76.5

33 -----	27.0	67 -----	78.0
34 -----	28.5	68 -----	79.5
35 -----	30.0	69 -----	81.0
36 -----	31.5	70 -----	82.5
37 -----	33.0	71 -----	84.0
38 -----	34.5	72 -----	85.5
39 -----	36.0	73 -----	87.0
40 -----	37.5	74 -----	88.5
41 -----	39.0	75 -----	90.0
42 -----	40.5	76 -----	91.5
43 -----	42.0	77 -----	93.0
44 -----	43.5	78 -----	94.5
45 -----	45.0	79 -----	96.0
46 -----	46.5	80 -----	97.5
47 -----	48.0	81 -----	99.0
48 -----	49.5	82 -----	100.0

CALCULATION OF PARTIAL BINAURAL  
INDUSTRIAL HEARING LOSS DISABILITY

In those states where provision has been made in the compensation laws this calculation is based on the ratio of the disability in weeks for the total loss of one ear to the disability in weeks for the total loss of both ears. In Indiana the total disability for one ear is 75 weeks and for both ears is 200 weeks. This is a ratio of one to two and two-thirds which makes figuring somewhat difficult.

The disability from a certain percentage in hearing loss in both ears is more than twice that of the same percentage in one ear. Therefore, the disability for the poorer-hearing ear is figured on a percentage of the 75 weeks allowed for the total loss of one ear, but the disability of the better-hearing ear is a percentage of 125 weeks (200 weeks less 75 weeks). Thus the better ear gets a much greater proportionate disability. This is the method used in Wisconsin and New York.

We are presenting a hypothetical case as follows:

The hearing loss in the poorer ear is 70% and the hearing loss in the better ear is 20%.

70% of 75 weeks=52½ weeks (disability for the poorer ear).

20% of 125 weeks=25 weeks (disability for the better ear).

52½ weeks plus 25 weeks= 77½ weeks disability allowed for the above binaural loss.

GLOSSARY

1. Normal threshold of hearing for pure tone audiometry is the modal value of the minimum sound pressure, at the entrance of the external auditory canal, which at that frequency produces a sensation of sound in a large number of apparently normal hearing ears of persons in the age group from 18 to 30 years inclusive. It is indicated by zero on the audiometer when the latter is in perfect calibration.
2. Threshold of hearing for pure tones or speech is the lowest level of intensity relative to the normal threshold at which at least 50% of the stimuli are correctly recognized.
3. Normal threshold for speech is the modal or commonest value of the threshold once a

sample of every-day speech has been chosen for reference. The normal threshold for speech will differ depending upon the choice of material and the method of scoring. (At the present time there are test words and phrases which may be used in the differential diagnosis of deafness but not for estimating percentage hearing losses for compensation).

4. Spondee words are lists of equally accented two syllable words used to determine the hearing threshold for speech.
5. P. B. word lists are phonetically balanced lists of monosyllabic words used to determine the listener's ability to recognize relatively difficult words that require discrimination among the phonetic elements of speech.
6. Malingerer is a person who of his own volition claims to have an organic deafness he does not have.
7. Psychogenic deafness occurs with or without an organic hearing defect but with an added unconscious elevation of threshold.
8. Temporary threshold shift is a temporary hearing loss. The loss usually occurs about one-half an octave above the frequency of the exposure tone. It may be produced by sounds of various intensities and may last for many minutes, hours, or days. By definition it is reversible or temporary.
9. Auditory fatigue is a temporary elevation of threshold for hearing greatest at the same frequency as a moderately intense exposure tone and may last for a few seconds up to a few minutes after exposure.
10. "Industrial hearing loss" or noise hearing loss is the cumulative loss of hearing resulting from exposure to noise over a period of weeks, months or years. This loss almost always begins at about 4000 cycles and gradually spreads to either side of this frequency.
11. Acoustic trauma is the immediate effect such as may be produced by single or multiple explosions or blasts as differentiated from "industrial hearing loss" which designates an injury that is produced slowly by repeated exposures to less intense noise. In acoustic trauma there is as a result of the shock wave or waves an actual mechanical injury to the organ of Corti especially in the second turn of the cochlea with destruction of hair cells. The pathology of "industrial hearing loss" is the gradual degeneration of the hair cells, particularly the external hair cells in the basal turn of the cochlea.
12. Concussion deafness is the hearing loss result-

ing from a severe blow or blows to the head. The shock waves set up in the skull cause a similar type of damage and hearing loss as occurs in acoustic trauma.

13. Head-injury deafness or hearing loss may be from brain and eighth nerve injury, skull fractures especially of the temporal bone with permanent inner ear damage and irreversible physical damage to the middle ear. We regard the ear drum (tympanic membrane) as part of the middle ear. We believe damage to the external ear with resulting hearing loss is reversible, i.e., is not permanent with proper medical and surgical treatment. The external ear consists of the auricle and the external auditory canal.
14. Presbycusis is the hearing loss that occurs with the normal aging of the inner ear. It is difficult and often impossible to distinguish it accurately from "industrial hearing loss."
15. Noise is an unwanted sound.
16. Sound pressure level is the effective sound pressure at any point measured in decibels relative to 0.0002 dynes per square centimeter.
17. Ear defenders or protectors are devices to be worn to reduce the intensity of sound reaching the ear.

The following resolution is presented to the House of Delegates for its consideration.

WHEREAS, the problems of hearing impairment in the State of Indiana are becoming more apparent, and

WHEREAS, there are certain state laws pertaining to the hard of hearing which are not being fully enforced, and

WHEREAS, the general public is not sufficiently aware of the sociological, psychological and economic aspects of impaired hearing, and

WHEREAS, there is need for general education in this field:

BE IT THEREFORE RESOLVED that the Committee on Conservation of Hearing of the Indiana State Medical Association be empowered to conduct a program of public education on the subject of hearing losses.

MARLOW W. MANION, M.D., *Chairman*

KENNETH L. CRAFT, M.D.

H. W. SMELSER, M.D.

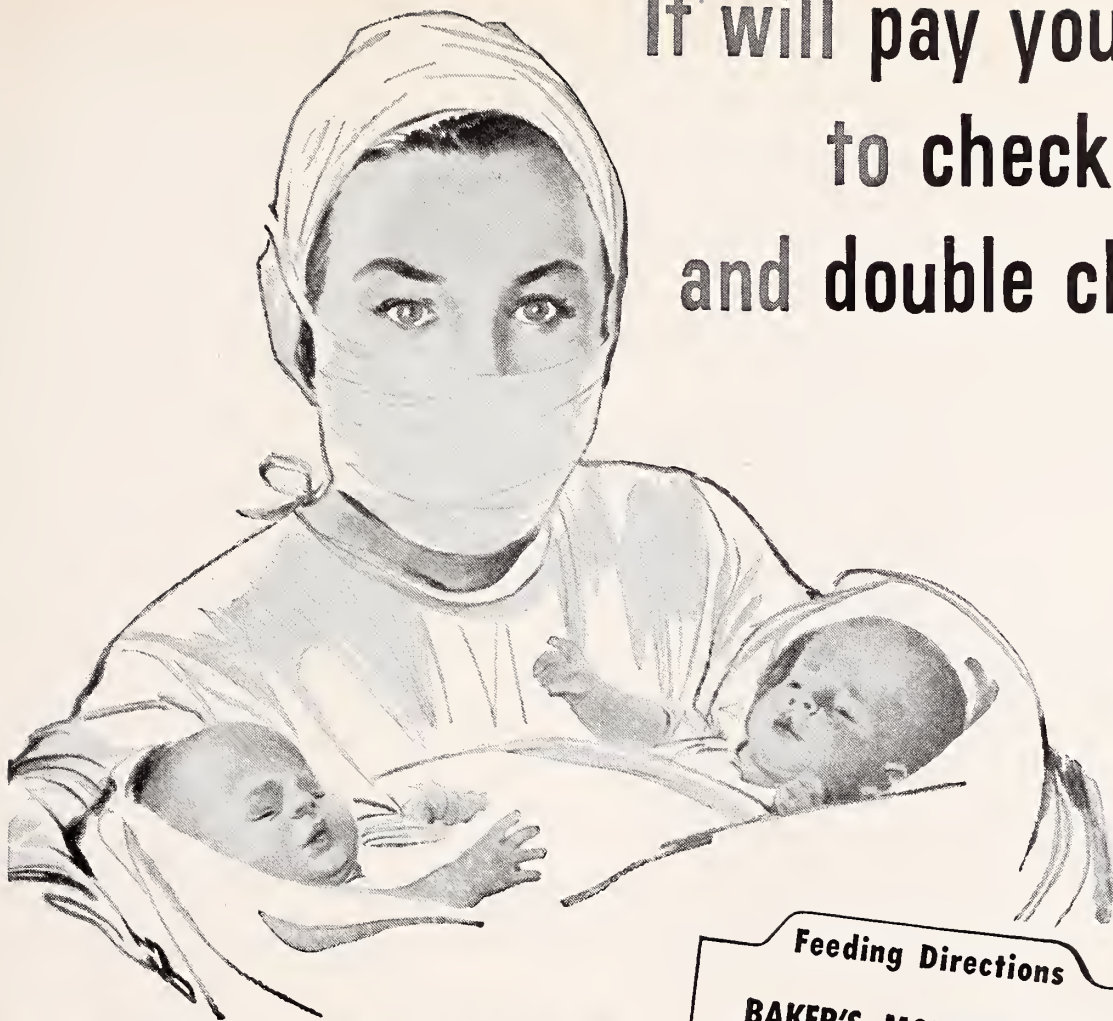
GUY A. OWSLEY, M.D.

HUGH A. KUHN, M.D.

DAVID E. BROWN, M.D.



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to check  
and double check



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## COMMITTEE ON CONSERVATION OF VISION

This committee met with the Traffic Safety Committee at Doctor Clarke's conference last fall, and discussed pending traffic safety recommendations in regard to visual requirements. It was also recommended to the State Board of Health that the present law concerning the use of the Crede technique in newborn infants be continued in its present form.

The committee chairman made a trip to Bloomington and conferred with the chairman of the School of Optometry concerning the confusion to patients by the making of medical diagnoses by optometric students. Also the committee chairman worked arduously in the State Senate and House to defeat House Bill 242, and Senate Bill 341, presented by optometrists, and both against the interest of the medical profession, and to support Senate Bill 278, which would license the ophthalmic dispensers. All three bills were defeated in the Legislature.

The committee also approved the establishment of an eye bank at the Medical Center, to be partly financed by the Lions Clubs of Indiana, and approved the recent publication by the State Board of Health of changes in recommendations in oxygen therapy in the prevention of retrolental fibroplasia.

The committee also published in the June issue of THE JOURNAL of the Indiana State Medical Association an article concerning the use of cycloplegics. In the August issue will appear a committee article on "Glaucoma and Its Treatment" for the general practitioner, and it is proposed to follow this soon in the newspapers of the state with an article explaining glaucoma to the general public.

W. BURLEIGH MATTHEW, M.D., *Chairman*  
E. O. ALVIS, M.D.  
DONALD I. DEAN, M.D.  
JOSEPH L. LARMORE, M.D.  
J. VERNAL CASSADY, M.D.

## COMMITTEE ON CRIPPLED CHILDREN REHABILITATION

No report.

## COMMITTEE ON DIABETES

The Committee on Diabetes wishes to submit the following report:

1) Recently the Diabetes Association released for distribution to all doctors a Diabetes Guide Book (2nd Edition). This, as the name implies, is a small compend which gives essential information on the care of diabetic patients. It is an excellent

small book and well worth the dollar cost. This book may be ordered from The American Diabetes Association, One East 45th Street, New York 17, New York.

2) We suggest that statewide support be given the James Whitcomb Riley Camp for diabetic children. The camp is held each summer near Martinsville, Indiana. This is an excellent opportunity for the doctors to send their young diabetics between 8-16 years of age to a camp where they will have the experience of outdoor life and at the same time be under good diabetic supervision. The camp is under the guidance of the Indianapolis Diabetes Association. For more information write in care of this Association.

3) The committee also recommends to the Program Committee that a panel discussion on the subject of Diabetes be held at the State Meeting in 1957 or 1958.

WILLIAM M. DUGAN, M.D., *Chairman*  
ROBERT DAVIES, M.D.  
IRVIN W. WILKENS, M.D.  
ERNEST C. MURRAY, M.D.

## COMMITTEE ON HEART DISEASE

No report.

## INDIANA INTER-PROFESSIONAL HEALTH COUNCIL

No report.

## COMMITTEE ON IMPROVED PATIENT CARE

The Committee on Improved Patient Care in Indiana has met five times with the Joint Commission for Improvement of Patient Care in Indiana, which is composed of members representing the various fields of medical care. After two of these meetings the committee has met separately.

The work of the Joint Commission is wide in scope with many expansive problems. Among the problems discussed and considered have been:

1. Better co-ordination and understanding between the lay hospital board members, hospital administrator and the physician.
2. The most efficient use of the registered nurse releasing her from unnecessary book work and unprofessional services.
3. Doctor-Nurse coordinating committee for



more complete understanding of medical routines.

4. The need for an acceptance of licensed practical nurses and more experienced aids.
5. A better explanation to the patient of what he may expect during his stay in the hospital.
6. The constant need for recognizing the patient as an individual as well as a medical problem.
7. Stimulation of youth to enter one of the professional fields.
8. The establishment of a Code of Ethics to be acceptable and practical for professional groups working together for improved patient care.

JACK L. EISAMAN, M.D., *Chairman*  
DENNIS S. MEGENHARDT, M.D.,  
*Chairman*, (Joint Commission)  
FLOYD A. BOYER, M.D.  
A. F. GREGG, M.D.  
OKLA W. SICKS, M.D.

## REPORT OF COMMITTEE ON INSTRUCTIONAL COURSES

The program for the Instructional Courses for the 1957 convention as published in the September JOURNAL, constitutes the report of this committee.

WILLIAM M. BROWNING, M.D., *Chairman*  
EARL W. BAILEY, M.D.  
L. J. MARIS, M.D.  
KEITH HAMMOND, M.D.  
FRANCIS L. LAND, M.D.  
REUBEN A. SOLOMON, M.D.

## LIAISON COMMITTEE WITH INDIANA ASSOCIATION OF LICENSED NURSING HOMES

Your Liaison Committee with the Indiana Association of Licensed Nursing Homes met on June 12 of this year. At that meeting we discussed the activities of this committee during the years 1955 and 1956 and the legislation passed by the Indiana General Assembly of 1957 which had to do with nursing homes.

The 1955 committee was responsible for the sending of a questionnaire to the members of the Association in an attempt to obtain the opinions of Indiana physicians on various aspects of nursing homes within our state.

The 1956 committee after studying the replies to the questionnaire and meeting with representatives of the Indiana Nursing Home Association, the Indiana State Department of Public Welfare and the Indiana State Board of Health formulated four recommendations to the House of Delegates.

(Journal Ind. State Med. Assn. Vol. 49, No. 10, pp. 1308.)

The following legislation which was of concern to this committee was passed by the 1957 Assembly; H.B. 206—Transfers nursing home licensing authority from the Department of Public Welfare to the State Board of Health; H.B. 224—Establishes Indiana Nursing Home Council to act in advisory capacity to State Board of Health in the licensing and regulating of nursing homes. R. 14—Authorizes Indiana Legislative Commission to survey facilities of private nursing homes and report to 1959 General Assembly. H.B. 255—Provides for the establishment of cumulative building funds for the construction and remodeling of county nursing homes.

Since H.B. 206 and H.B. 224 are of particular interest to the members of the Association it was decided to contact the State Board of Health and request information on the *modus operandi* and effective date of these laws and to incorporate that information in this committee's report.

The following communication was received:

"There were two Bills which became laws under the Acts of 1957 with an effective date on each of July 1, 1957 which affect the licensing of nursing homes.

"The first act, Chapter 134, sponsored by the State Commission of the Aged and Aging transfers the jurisdiction, rights, powers, obligations, and administrative duties assigned to the State Department of Public Welfare under the Nursing Home Licensing Act of 1947 to the Indiana State Board of Health.

"The second Act, Chapter 136, sponsored by the Indiana Association of Licensed Nursing Homes establishes a license fee of \$25.00 per annum, creates an Indiana Nursing Home Council and describes its rights, power and duties. This Act also re-defines a nursing home as "any building, structure, agency, institution or other place, for the reception, accommodation, board, care or treatment not less than twenty-four hours in any week of one or more unrelated individuals who are unable sufficiently or properly to care for themselves and for which reception, accommodation, board, care or treatment a charge is made."

"The Indiana Nursing Home Council, as created by this Act, consists of nine members whose duties are to promulgate minimum standards, rules, and regulations covering the licensing of nursing homes by the State Board of Health. They are given authority to classify homes into care categories such as, domiciliary homes, convalescent homes, homes for the chronically ill, or other comparable categories if and when it is deemed beneficial to do so.

"The membership of the council, to be appointed by the Governor, is specified by the Act to include three persons licensed to engage in nursing home administration; one licensed physician, one registered nurse and one person who is a hospital ad-

*Continued*

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## \* PROOF of significantly less tars and nicotine in KENT



ministrator. The three additional members are ex officio representing the State Department of Public Welfare, the office of the State Fire Marshal, and the State Board of Health. The Council is required by law to meet at least twice each year.

"The State Board of Health, as the licensing agency, will have no authority in regard to the placement of recipients of welfare funds. When the Advisory Council is established and functioning, each home will be judged on an unbiased basis regardless of the source of pay for the care of the individual patients.

"We are fully aware of the responsibility that the General Assembly has assigned to the State Board of Health. As we carry out this charge we will strive to include more than routine inspection and licensing. Working in cooperation with nursing home operators and other groups with a sincere interest in these institutions, we will promote and encourage activities that will help the licensed nursing home operators provide services and facilities that assure the highest quality of sanitary environment, safety, medical and nursing care, nutrition and respect for human dignity.

"Contact and personal acquaintance with many of the nursing home operators of Indiana convinces us that we have common objectives for these institutions."

This concludes the report of this committee.

MAURICE V. KAHLER, M.D., *Chairman*  
WM. B. CHALLMAN, M.D.  
H. G. WEISS, M.D.  
CARL R. BOGARDUS, M.D.  
CLEON A. NAFE, M.D.  
JAMES M. BURK, M.D.

## LIAISON COMMITTEE WITH LABOR

No particular problems were referred to this committee during the year. The committee therefore has no report to make at this time.

WM. HARRY HOWARD, M.D., *Chairman*  
W. L. PORTEUS, M.D.  
A. J. ROSER, M.D.  
RALPH V. EVERLY, M.D.  
WILLIAM M. COCKRUM, M.D.  
CHARLES R. ALVEY, M.D.

## LIAISON COMMITTEE WITH STATE DEPARTMENT OF PUBLIC WELFARE

This committee met on the call of President Clarke in November 1956 and outlined the committee work for the ensuing year. The proposed Health Service Plan of the Department of Public Welfare was studied by the committee and the chairman was appointed by the committee to serve

on the Advisory Committee of the Department of Public Welfare.

The advisory Committee to the State Department of Public Welfare met on two occasions and reviewed the Health Service Plan and finished compiling the final draft. Had this Health Service Plan been in force within the state all counties would have been more uniform in their administration and it certainly would have been a great step forward in the relationship of the medical profession to the Department of Public Welfare.

On the change of state administration, Governor Handley ordered the Health Service Plans enforcement stopped until further study could be made through his office. Dr. Norman Booher, President of the State Board of Public Welfare, and the late Mr. Richard Schweitzer, Jr., are both to be commended for their fine relationship with our committee and their excellent attitude of cooperation with the medical profession.

The chairman of this committee has met with the new Administrator of Public Welfare, Mr. Albert Kelly, and he too has shown a very fine attitude of cooperation with the Indiana State Medical Association and with your committee.

The committee has investigated one disagreement on the county level which was reported to it, and after thorough study and consultation the committee obtained satisfaction for the physician as well as the Department of Public Welfare.

We have been advised that the new administration intends to again set up an Advisory Committee and very probably will put in force a revised Health Service Plan in the near future.

This Committee strongly recommends continued liaison with the State Welfare Department.

RICHARD P. GOOD, M.D., *Chairman*  
JACK E. SHIELDS, M.D.  
DONALD K. WINTER, M.D.  
HUBERT T. GOODMAN, M.D.  
RALPH W. BRUNER, M.D.

## LIAISON COMMITTEE WITH AMERICAN LEGION, INDIANA HOSPITAL ASSOCIATION, AND INDIANA DENTAL ASSOCIATION

The Liaison Committee has held two meetings; the first was January 16, at the Antlers Hotel with the American Legion acting as host. Eleven members were present at this meeting and various problems were discussed.

One of the chief topics of discussion was the action of the House of Delegates at the A.M.A. at the December meeting held in Seattle, Washington in which they recommended revision of the policy of the A.M.A. as follows: "The A.M.A. policy, basically, desires Veterans Administration



care to be limited to service-connected illnesses. While the present law continues, and nonservice-connected care is provided, the priority should be given to those veterans with long-term illnesses which they cannot finance. The short-term cases are strictly a local responsibility."

A resolution was formulated by the Committee as a whole to be presented to the Indiana State Medical Association for consideration. This resolution recommends reaffirmation of the action of the House of Delegates of the A.M.A. in 1953 as it is more realistic than the report of 1956.

At the meeting on April 24 the State Medical Association Committee was host. This resolution was again considered and reaffirmed by all members present. The action of this committee was then referred to the Council of the State Medical Association at their regular meeting on April 28, 1957.

Drs. Elton Clarke and Lester Bibler, and Mr. James Waggener attended the Central Regional Conference on Veterans' Medical Care held in Chicago, January 26, 1957. There were 45 representatives from 18 states at this conference who participated in a lively discussion of Veterans' problems.

The general consensus of the Conference was that most of the states represented were in basic agreement with the principle that Federal care should be confined to service-connected cases; several state representatives suggested that liaison with all major veterans' organizations *at the local level* might be productive of mutual understanding and assistance.

The major portion of the afternoon session was taken up with a discussion of the VA Hometown Care Program and the projected changes in this program. The states with intermediary programs expressed their belief that this was by far the best way of providing local outpatient care for service-connected veteran patients, from the viewpoint of the veteran, the physician, and the nation. All the states with intermediary programs definitely opposed the elimination of this arrangement planned for June 30, 1957.

The conference members were also asked to report to the Committee any local-Federal medical activities which they felt might be of general interest, and to suggest to the Newsletter staff topics in this field which they would like studied.

A World War I veteran of Caldwell, Kansas, has become the first person successfully prosecuted in a federal district court for filing a false statement of inability to pay for nonservice-connected hospitalization in a VA facility. "He is John Petrik who admitted to holding properties and cash worth \$55,000. In a non-jury trial, U. S. District Judge W. R. Wallace of Oklahoma City, assessed a punitive charge of \$2,000 plus twice the cost of the medical care received or \$499, for a total of \$2,499. According to reports, Petrik

sought hospitalization in the Wichita VA hospital because of the high quality of care which his service disabled son had received there."

It was pointed out in connection with this case, that several cases previously reported to this committee by Mr. Breedlove as having been reported from the VA hospitals in Indiana, on which no action had been taken at the time the report was given to the Committee, may still be prosecuted inasmuch as this patient apparently was admitted to the hospital in 1954 and only prosecuted late in 1956.

The case of Mr. "J" who was operated at the Veterans' Hospital as a compensation case October 18, 1956 for treatment of hernia was discussed. The VA Hospital submitted a bill to the Methodist Hospital for payment of \$439.50. This bill was rejected by the Methodist Hospital and the Veterans' Administration was so advised.

This Committee serves as an excellent liaison with these ancillary groups and it is recommended that it be continued.

The following resolution is presented to the House of Delegates for their consideration.

#### RESOLUTION ON VETERANS' CARE

1. WHEREAS the Indiana State Medical Association, the Indiana State Dental Association, the Indiana Hospital Association and the Indiana Department, the American Legion, did form a Joint Liaison Committee on Veterans' Affairs in November 1952, and
2. WHEREAS this Joint Committee made up of duly appointed representatives of these organizations has met at least once every three months since that time, and
3. WHEREAS each of the organizations above unanimously voted in October 1956 that these meetings continue in spite of cessation of liaison between the American Medical Association and the American Legion on national level because they felt much good had come from these meetings, and
4. WHEREAS this joint Liaison Committee meeting in Indianapolis this 16th day of January 1957 in its 21st quarterly meeting has closely and carefully considered the action of the House of Delegates of the American Medical Association meeting in Seattle, Washington in December 1956, wherein the policy of that Association on care of veterans in V.A. institutions was revised to deny recognition of the privilege of indigent veterans to medical and surgical care in Veterans' Hospitals and facilities and (see Appendix A)
5. WHEREAS this action would also deny veterans with wartime service care in V.A. facilities for psychiatric and neurological conditions

of non-service connected origin, and (see Appendix A)

6. WHEREAS there are still inadequate local facilities to care for indigent veterans suffering from psychiatric and neurological conditions, therefore,
7. BE IT RESOLVED, that the House of Delegates of the American Medical Association should reconsider their action of December 1956 and readopt the more realistic policy on this subject as exemplified in the action of that House of Delegates in 1953, and (see Appendix A)
8. BE IT FURTHER RESOLVED, that based upon the experience of this State and others who have honestly and wholeheartedly followed the policy of informed men of good will sitting around a conference table discussing these matters, we recommend that liaison between the American Medical Association and the American Legion, the American Dental Association and the American Hospital Association on national level be resumed and continued, and
9. BE IT FURTHER RESOLVED, that this Resolution be presented to the delegates of the Indiana State Medical Association for their approval and presentation to the A.M.A. House of Delegates for approval.

This Resolution passed unanimously by the Joint Liaison Committee on Veterans' Affairs of the Indiana State Medical Association, the Indiana Department of the American Legion, the Indiana State Dental Association and the Indiana State Hospital Association meeting in Indianapolis, Indiana, January 16, 1957.

#### APPENDIX A TO RESOLUTION

Resolution referred to House of Delegates of AMA during Nov. 27-30, 1956, Seattle, Washington. Clinical Session, approved in principle by the House of Delegates. Submitted by H. B. Mullond, Acting Chairman, Council on Medical Services of AMA.

With respect to the provisions of medical care and hospitalization benefits for veterans in Veterans Administration and other federal hospitals that new legislation be enacted limiting such care to veterans with peacetime or wartime service whose disabilities or diseases are service incurred or aggravated.

In the approving action, the AMA House of Delegates added the following statement to the foregoing resolution:

"This action eliminates the temporary exceptions which were made in the June 1953 policy regarding wartime veterans who are unable to defray the expenses of necessary hospitalization for nonservice-connected cases of tuberculosis or

psychiatric or neurological disorders. In making the policy change, the House approves this supplementary statement:

"We recognize the laws and administrative extensions of the law that are now in operation. We feel that under the circumstances it will be to the best interests of the public in general, and veterans in particular, if medical societies, county and state as well as national, develop committees to assist in guaranteeing VA hospital admission to service-connected cases. While the present law exists, we should help assure that veterans whose illness constitutes economic disaster will not be displaced by those suffering short-time remediable ills which at the worst constitute financial inconvenience.'"

LESTER D. BIBLER, M.D., *Chairman*  
JAMES W. CRAIN, M.D.  
ELTON R. CLARKE, M.D., *ex-officio*  
J. A. WAGGENER, *ex-officio*

#### COMMITTEE ON MATERNAL AND CHILD HEALTH

The Maternal and Child Health Committee met three times during the year. A number of items relating to the health of mothers and children were considered by the committee, among them premature infant care training programs, maternal and infant mortality studies, and parents' classes.

The committee recommended that the program at the Indianapolis Methodist Hospital for training nurses in premature infant care be given publicity, and ways for accomplishing such were made to the Director of the Division of Maternal and Child Health of the Indiana State Board of Health. Ten nurses have taken the month's course in the past year.

The committee discussed plans for formation of a perinatal mortality study committee to study deaths of newborn infants similar to the maternal mortality study. It was recommended as a beginning that a statistical analysis of newborn deaths should be made. Since the Academy of Pediatrics is especially interested in this type of study, it was suggested that a committee from that group work on developing a study and make recommendations for establishing it.

Maternal deaths have decreased dramatically in the past 25 years. It is felt that one important factor contributing to this has been the maternal mortality studies. In Indiana in 1930, one in every 160 mothers died from a cause related to childbirth. In 1956, one out of 3054 mothers died. Indiana's maternal mortality committee has now been functioning nearly a year.

The committee was informed on the progress of the demonstration project in Tippecanoe County for mentally retarded children. It was felt the Tippecanoe County Medical Society should be commended



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1. Locket, S.: Brit. M.J.  
1:809 (Apr. 2) 1955.

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2. Wright, W.T., Jr., et al.: J. Kansas  
M. Soc. 57:410 (July) 1956.

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on the active role it was taking in the project. An estimated 30,000 children in Indiana have some degree of retardation. It is hoped through this project means of dealing with and prevention of mental retardation can be found.

The committee gave approval for revision of the statement on retrolental fibroplasia sent out to hospitals in 1955.

Parents' classes for prenatal patients were discussed. In view of the high divorce rate (for the five-year period ending January 1, 1956, there were 42 divorces granted for every 100 marriages in Marion County) and the many stresses of modern life to which the family is subjected, all projects which might contribute to strengthening and stabilizing family life should be considered. It was recommended that there be a meeting of persons, including someone from the Maternal and Child Health Committee, who might be concerned in establishing and promoting such classes.

The chairman wishes to thank the members of the committee for their support and participation during the past year.

C. O. McCORMICK, SR., M.D., *Chairman*  
FRANCES T. BROWN, M.D.  
ERNEST R. CARLO, M.D.  
G. W. ERICKSON, M.D.  
GEORGE A. HELD, M.D.  
RUSSELL W. LAVENGOD, M.D.  
OSCAR T. SCAMAHORN, M.D.  
FREDERICK C. SCHWARTZ, M.D.  
DAVID L. SMITH, M.D.

## COMMITTEE ON MEDICAL CARE INSURANCE

No report.

## COMMITTEE ON MENTAL HEALTH AND ALCOHOLICS STUDY

**Members Present:** Jack M. Mosier, M.D., *Chairman*; Dee D. Gill, M.D., G. S. Fessler, M.D.

**Member Absent:** R. M. LaSalle, M.D.

The committee met June 12, 1957 at New Castle State Hospital, New Castle, Indiana.

The entire problem of mental health and alcoholism was discussed, with particular consideration given to the role of state government in the mental health problem. It was recognized that the Division of Mental Health for the State of Indiana is gradually assuming a greater role in the treatment of the hospitalized psychiatric patient. It seems that in the past the state mental health program has been initiated without consideration of the medical profession.

The medical profession strongly desires to aid and help develop mental health facilities in the

state of Indiana. As the practicing physician is at the grass-roots level in the diagnosis and care of the emotionally ill, it is recognized that he represents the basic foundation of the psychiatric team. It is further felt that as psychiatry is a medical specialty, medicine should have an important role in its future development.

To guarantee these concepts the following recommendations are introduced:

1. That only one member of this committee be removed each year, so that a continuous Mental Health Committee be available.

2. That the Commissioner of Mental Health for the State of Indiana be a permanent member of this committee, thereby the medical association will have access to the major mental health planning and pre-legislative cooperation.

3. That the State Medical Association encourage local societies to initiate programs of better understanding towards the mental health field by the members themselves, utilizing the services of the private and public psychiatric facilities.

JACK M. MOSIER, M.D., *Chairman*  
DEE D. GILL, M.D.  
G. S. FESSLER, M.D.  
R. M. LASALLE, M.D.

## COMMITTEE ON MILITARY MANPOWER

The Doctors' Draft Law has not been re-enacted and expired June 30, 1957. No provision for any continuation of Advisory Committee activities has been made. Therefore the Military Manpower Committee will have no function after this date. The Chairman of the committee during the past seven years has had excellent cooperation both from the state and local committees, and wishes to thank all doctors participating.

JOHN E. OWEN, M.D., *Chairman*  
W. M. STOUT, M.D.  
J. F. PECK, M.D.  
J. F. LEWIS, M.D.  
P. T. LAMEY, M.D.  
ERWIN BLACKBURN, M. D.

## COMMITTEE ON NECROLOGY

The purpose of this committee is to compile a list of the deaths of the doctors during the year together with the causes of death.

This report has been duly submitted.

JAMES B. MAPLE, M.D., *Chairman*  
WILLIAM N. WISHARD, M.D.  
EARL B. JEWELL, M.D.



## COMMITTEE ON POLIO

Because of apathy on the part of the general public toward the immunization against polio, a meeting was called by the A.M.A. in Chicago, January 25, 1957. The Chairman of your Polio Committee attended.

This meeting was well attended by representatives from all states and territories of the nation. On pooling experiences, it seemed that the apathy was general, and not confined to any particular region. Another thing that came out of this meeting was the fact that regardless of the manner in which the vaccine was offered to the public, the apathy still remained. It was decided that we would all go back to our respective states and attempt to stir up more response from the public.

On February 3, the Polio Committee met with the Council of the Indiana State Medical Association and the members of the Committee on Public Relations at which time, after considerable discussion, it was decided that the State Medical Association would do everything in its power to stimulate vaccination in all parts of the state. The methods of handling such vaccination were to be decided upon by the various component county societies with stress being placed, that in so far as possible, the policy was to be encouraged that these vaccinations take place in the physicians' private offices.

This was to be a joint venture of the Council, the Public Relations Committee and Polio Committee.

On April 17, the Chairman of the Polio Committee met with the representatives of the United States Public Health Service and the Indiana State Board of Health in a meeting to attempt to set up procedures so that vaccine would be available at the times needed in the various communities.

It is our belief that the medical profession as a whole, in the State of Indiana performed an excellent job in getting numerous persons immunized against polio.

The work is not entirely completed and your committee urges that the members of the Indiana State Medical Association continue their efforts to the end that all persons at least under the age of 40, avail themselves of the opportunity to be immunized against this disease.

MINOR MILLER, M.D., *Chairman*  
V. L. TURLEY, M.D.  
KEITH HAMMOND, M.D.  
JOE M. BLACK, M.D.

## COMMISSION ON PUBLIC HEALTH AGENCIES

Your Commission on Public Health Agencies was a new activity of the Association this past year. We believe the intent was for this Commission to concern itself with the activities, programs, and

policies of the various voluntary health agencies. Included in the Commission were many subcommittees dealing with the various fields of health which had associated voluntary health agencies.

The Commission, because of its large size, has not met as a whole, but many of the individual members have given much thought to the problems facing us, and these have been under discussion by members of the Commission informally among themselves and with other members of the Association.

There seem to be definite areas of agreement among those to whom we have talked and one of these is that there is a regrettable lack of participation by the medical profession of our state in the planning and policy levels of these agencies. This has apparently made possible some agency activities which have been distasteful to the profession and which are believed to be inimical to the overall health program of the state.


It is difficult to understand just what has happened over the past several years, because it was often the medical profession itself which encouraged the formation of the voluntary health agencies, for the purpose of making the public more conscious of various aspects of its health, to encourage the public to support research programs, and to take an active part in activities which were believed to be beneficial to the health of the people. It is our belief that in the early period the medical profession was very active in the formation of the programs, policies, and in the development of educational materials. Actually, it is our belief that it was because of the interest of the membership of our Association that many committees were developed within the Association. These committees were formed for the purpose of studying the various diseases under discussion from the standpoint of a scientific program and then working with the agencies to interpret to the public the problems and needs. During this period the various agencies leaned heavily on the medical profession for guidance.

It appears, however, that over the course of a number of years many factors have entered into this idealistic approach which have served to more or less reverse the picture in some cases. It appears that as some of the agencies have grown in financial status and in public recognition there has been a lessening of professional participation on an official basis, and these agencies have become more and more independent organizations, which no longer depend on the medical profession for guidance, as they did in the beginning. As medical representation decreased, physicians have been replaced more and more on the various agency boards by lay people who have been interested in developing a program which would place the respective agencies in the forefront of favorable public opinion, and in ever better financial status.

All too often the situation as it exists today, reveals that the medical profession has very little

*Continued*





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to say in the planning and policy and educational activities of these agencies, yet all have direct and important impacts upon the practice of medicine and the welfare of the peoples' health. While the medical profession, just a few short years ago, was looked upon and respected as the authority in all health matters, there are some areas in which the medical profession has lost this standing and the public now looks upon the health agencies as the authorities in some of the aspects of health.

We do not believe that this is as it should be. The voluntary agencies have a definite place in the total health picture of our present time, but it is our considered opinion that ways must be found to bring into closer relationship the planning, the programs, and the educational activities of these agencies and the medical profession. We believe that it is important not only on the basis of sound medical and health practices, but also for the protection of the public health and public welfare.

It is suggested that the activities and responsibilities of this Commission be extended more fully and with great thought and care. We would suggest that thought be given to the enlargement of this Commission so that each member of the Commission may be assigned a specific agency for which he is responsible. We would suggest that in the near future the leaders of all agencies

be called together by the Association to discuss the overall operations of all voluntary health agencies, while keeping in mind that the profession should attempt to develop a relationship in which the profession will actively participate in all phases of planning within these agencies. We believe that studies should be made as to the continued usefulness of some of the health agencies, as to whether or not they have served their original purpose, and if they have to discourage continued fund raising activities among the public. The public has been conscientious in assisting when a plea for financial assistance has been made, but these pleas should be made only when an actual need is present and when a definite program of research or public education needs the support of the public both financially and morally.

We can see a most important part for this Commission to take today, and we believe that such a Commission should be further developed and be charged with definite responsibilities, some of which have been discussed. We believe that the medical profession has this responsibility on behalf of the public of our state.

LALL G. MONTGOMERY, M.D., *Chairman*

T. R. HAYES, M.D., *Vice-Chairman*

IVAN CLARKE, M.D.,

*Chairman, Cancer Committee*

WILLIAM M. DUGAN, M.D.,

*Chairman, Diabetes Committee*

GEORGE S. BOND, M.D.,

*Chairman, Heart Committee*

JACK MOSIER, M.D.,

*Chairman, Mental Health and Alcoholics Study*

MINOR MILLER, M.D.,

*Chairman, Polio Committee*

H. B. PIRKLE, M.D.,

*Chairman, Tuberculosis Committee*

FRANK M. GASTINEAU, M.D.,

*Chairman, Venereal and Communicable Diseases Committee*

*Malpractice Prophylaxis*

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## REVIEW COMMITTEE FOR CLAIMS ON P. L. 569

The Medicare Review Committee wishes to report that from the period of December 7 to June 30 a total of 1,378 claims for services in the amount of \$95,866.60 had been cleared for payment by Blue Shield. From July 1 to August 1, the committee has processed and cleared for payment 701 claims totaling \$51,330.65. The reason for reporting these two periods is that the Association took over the whole of the Medicare program on July 1 of this year.

Totaling these figures gives us a figure of 2,078 claims, each one of which has been reviewed by at least two members of the committee, and the



total payment to Indiana physicians amounts to \$147,197.25.

246 claims in addition to the above have been received and are now in the hands of the committee for processing.

W. U. KENNEDY, M.D., *Chairman*  
KENNETH L. OLSON, M.D.  
HARRY R. STIMSON, M.D.  
WILLIAM R. TINDALL, M.D.

## COMMITTEE ON SCHOOL HEALTH AND PHYSICAL EDUCATION

This committee did not meet during the year just passed and therefore has no report.

SAM ROTMAN, M.D., *Chairman*  
S. E. MCCLURE, M.D.  
J. E. FISHER, M.D.  
WILLIAM L. WISSMAN, M.D.  
HENRY G. NESTER, M.D.  
SAMUEL J. BRADY, M.D.

## COMMITTEE ON STATE FAIR

As in years past your State Fair Committee provided a medical booth at the Fairgrounds in the West Board of Health Building.

Exhibits used during the 1956 Fair were the American Medical Association's "Life Begins" (models of the beginning, growth and birth of a normal pregnancy) and "Nursing" (explaining the requirements for practical and registered nurses.)

Medical students from Indiana University took blood pressures of visitors to the booth. This program is carried out annually and attracts thousands of visitors each year.

For the Fair this year, 1957, the blood pressure program was again planned. In addition plans were made to show the following exhibits:

1. Appendicitis
2. Farm Accidents
3. Where Your Medical Dollar Goes

The appendicitis exhibit illustrated the symptoms of the disease, together with recommendations as to what to do and what not to do.

"Farm Accidents" demonstrated the accident possibilities connected with farm life and suggested safe ways of doing and living on a farm.

The exhibit entitled, "Where Your Medical Dollar Goes" showed the percentage of the dollar spent for various health services.

Appropriate pamphlets were planned for the exhibit and representatives of the Indianapolis Medical Society's Woman's Auxiliary served as hostesses at the booth. The committee wishes to

express appreciation to the group for giving so generously of their time.

MALCOLM O. SCAMAHORN, M.D., *Chairman*  
MICHAEL MONAR, M.D.  
C. D. HOLMES, M.D.  
HARRY PANDOLFO, M.D.  
JOHN SHIVELY, M.D.  
KEMPER N. VENIS, M.D.  
H. S. BRUBAKER, M.D.

## COMMITTEE ON STUDENT LOAN FUND

As this is written, Americans are celebrating Independence Day and it seems fitting to report that the Student Loan Fund Committee has tried to function in making loans to all applicants this past year to keep Medical Education going on in such tradition as is implied by all thoughts of our forefathers when they framed that immortal document.

Each loan that has been approved has been carefully screened and with all available facts has been made upon the basis of individual need following one or more personal interviews with each applicant.

The names of the recipients of loans and the amount each received is on file in Headquarters Office at 1021 Hume-Mansur Building, Indianapolis, Indiana and upon proper request may be viewed by any member of the Indiana State Medical Association.

Your committee is ready to answer further queries from the House of Delegates whenever so requested. For all your support of our efforts we are indeed deeply grateful.

HARRY PLUMMER ROSS, M.D., *Chairman*  
JAMES W. DENNY, M.D.  
E. H. CLAUSER, M.D.  
BRICE FITZGERALD, M.D.  
*Ex-officio*: ELTON R. CLARKE, M.D.  
O. W. SICKS, M.D.  
JOHN D. VAN NUYS, M.D.  
MR. ALBERT STUMP

## COMMITTEE ON TRAFFIC SAFETY

No report.

## COMMITTEE ON TUBERCULOSIS

Your Committee on Tuberculosis submits the following report:

The United States Public Health Service has asked the state of Indiana along with several other states to participate in a study to ascertain the value of Isoniazid (INH) as a prophylactic measure in household contacts of active cases of pulmonary tuberculosis. Although the Committee felt there were some objections to the method of operation of this project, it also believes that it would be of value to know whether or not such a measure would be practical and effective in

the prevention of tuberculosis. Certainly the proper use of some effective prophylactic would be of great aid in the control of tuberculosis.

In a meeting on February 10, 1957, your committee went on record as recommending participation in the tests using INH with the following provisions: (1) That the community participating in this study have suitable facilities for carrying it out, including adequate public health nursing service; and (2) that permission of the local medical society be obtained before engaging in this survey.

This Committee also went on record as recommending the use of the intradermal (Mantoux) tuberculin test in preference to the patch (Vollmer) test in survey work. This position was taken because of the apparent greater reliability of the former test.

It should be emphasized that the tuberculosis problem is by no means solved although great strides have been made in the past several years. We still need a drug that will kill the causative organisms without injury to the host; or, better still, some effective and practical vaccine or chemotherapeutic agent which will protect man from developing this disease.

H. B. PIRKLE, M.D., *Chairman*  
D. W. MATTHEWS, M.D.  
RUSSELL S. HENRY, M.D.  
O. T. KIDDER, M.D.

## COMMITTEE ON VENEREAL AND COMMUNICABLE DISEASE

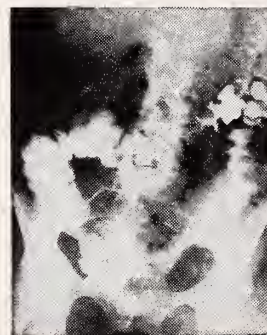
The medical profession and laity are complacent in regard to discussions of venereal disease. New drugs and this complacency have compounded our problem. Indiana's position based on reported cases alone is not good when compared to the United States as a whole. For the first time in 8 years there is an increase in early infectious syphilis. Concurrent with this there is a marked increase in reported cases of gonorrhea with the majority of the increase occurring in teen-age groups.

The figures in Table 1 for the calendar year of 1956 reveal an increase in gonorrhea but a decrease in syphilis. The rise in syphilis and gonorrhea became apparent in the third quarter of 1956 and has continued into the second quarter of 1957. A glance at Table 2 where the first quarter of 1957 is compared with figures for entire calendar years previous, shows the marked increase of gonorrhea to be cases ages 10 to 29, with the greatest increase in the group 10 to 19 years. Age specific rates calculated on the number of cases occurring in a particular age group were used in preparing the estimate in Table 3. The shocking fact revealed by this estimate is that if the present trend continues for the last six months of 1957 there will be over a 200% increase

*Continued*

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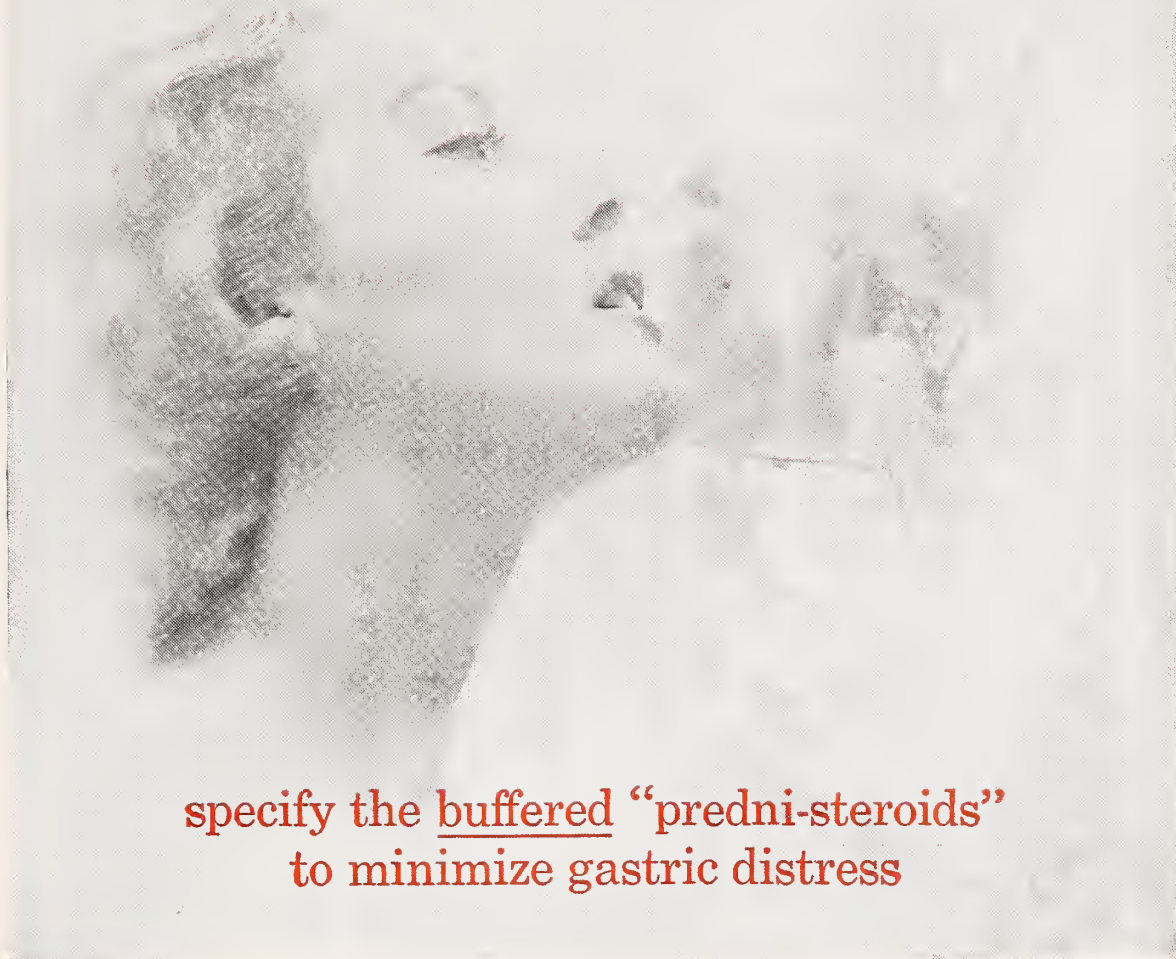
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in cases of early infectious syphilis in ages 1 through 24. The rise in reported cases of gonorrhea is approximately 100% in the same age group.

Table I

Venereal Diseases Reported in Indiana 1946-1956

Case Rate per 100,000 Population

GONORRHEA			
Year	Est. Pop.	Cases Reported	Case Rate Per 100,000 Pop.
1946	3,744,400	2288	61.1
1947	3,795,000	2855	75.2
1948	3,845,600	2816	73.2
1949	3,896,300	2908	74.6
1950	3,946,900	5708	144.6
1951	3,995,900	2376	59.5
1952	4,048,100	2194	54.2
1953	4,173,019	1795	43.0
1954	4,263,739	1732	40.6
1955	4,306,995	1822	42.3
1956	4,413,000	2053	46.5

Table I

Venereal Diseases Reported in Indiana 1946-1956

Case Rate per 100,000 Population

SYPHILIS			
Year	Est. Pop.	Cases Reported	Case Rate Per 100,000 Pop.
1946		7190	192.0
1947		5422	142.9
1948		5284	137.4
1949		5243	134.6
1950		6408	162.4
1951		3768	94.3
1952		2995	66.6
1953		2097	50.3
1954		2979	69.9
1955		2610	60.6
1956		2090	47.3

Table II

INDIANA—V. D. STATISTICS

Calendar Year

	Under 1- 1	5- 4	10- 9	15- 14	20- 19	25- 24	30- 29	35- 34	40- 39	45- 44	50- 49	55- 54	60- 59	65- 64	70- 69	75- 74	80- 79	84 84	Unk.	Tot.
SYPHILIS—1950																				
Primary & Secondary	—	2	1	4	39	81	73	43	32	32	16	11	10	5	4	—	—	2	14	369
GONORRHEA—1950	1	6	11	25	440	1058	534	225	81	52	18	15	4	5	—	1	—	—	14	2490
SYPHILIS—1951																				
Primary & Secondary	—	2	1	7	39	81	66	49	24	32	15	9	—	5	2	1	—	—	19	352
GONORRHEA—1951	2	2	5	23	506	845	538	216	107	35	14	14	4	1	3	—	—	—	22	2337
SYPHILIS—1952																				
Primary & Secondary	—	1	3	1	21	37	31	14	8	8	6	6	1	1	—	—	—	—	18	156
GONORRHEA—1952	2	2	11	22	417	767	517	257	97	33	29	5	7	1	1	—	—	2	46	2216
SYPHILIS—1954																				
Primary & Secondary	—	—	—	2	12	24	17	13	9	8	5	3	2	3	1	—	—	—	10	109
GONORRHEA—1954	1	3	10	27	350	611	403	173	54	35	11	9	1	2	—	—	—	—	42	1732
SYPHILIS—1955																				
Primary & Secondary	—	—	—	2	8	21	14	13	6	8	3	1	1	3	1	—	—	—	11	92
GONORRHEA—1955	3	4	14	17	290	655	348	203	81	33	28	7	7	7	1	2	—	—	68	1757
SYPHILIS—1956																				
Primary & Secondary	—	—	—	1	5	20	15	8	4	2	1	1	—	—	1	—	—	—	—	58
GONORRHEA—1956	—	4	14	29	419	675	413	223	56	19	11	7	3	5	1	1	—	—	3	1880
*SYPHILIS—1957																				
Primary & Secondary	—	1	—	1	2	25	15	8	4	2	8				2				—	68
*GONORRHEA—1957	—	5	11	21	300	538	328	184	52	31	19				11				—	1500

\* January through June 1957



but have been noted generally. For purposes of comparison the following table of cities over 50,000 is shown to demonstrate the increase in various areas of the state. This does not imply that the increase is strictly urban, as it is rather more difficult to show the increases county by county and therefore such a table is not included. (See Table 5). The age breakdown table prepared indicates that although the greatest concentration of cases has occurred in those individuals 14 through

29, nevertheless, there has been a marked increase in all ages from 14 and up through age 35 and over. (Please see Table 6.) Table 7 indicates the number of serological tests for syphilis performed by the Bureau of Laboratories, Indiana State Board of Health. Based upon figures for the first four months of 1957 it appears that the number of blood tests performed this year will compare with the number performed for 1956.

Table V  
Reported Diseases  
Indiana cities over 50,000  
January-June, 1957

		Primary & Secondary	Early Latent	Late & Late Latent	Congenital	Neurosyphilis	Gonorrhea	Chancroid	Other V.D.			TOTAL
									Granuloma Inguinale	Lymphopathia Venereum	Prophylactic Rx. (Lues.)	
Indianapolis—	1st Quarter	2	9	96	12	27	380	2	1	2	3	534
	2nd Quarter	4	21	130	9	16	336	2	1	—	2	521
Gary	1st Quarter	2	—	13	—	1	13	—	—	—	1	30
	2nd Quarter	2	4	14	1	—	14	—	—	—	—	35
Fort Wayne	1st Quarter	—	1	8	2	3	2	—	—	—	—	16
	2nd Quarter	—	5	7	3	2	14	—	—	—	—	31
Evansville	1st Quarter	—	—	3	—	—	6	—	—	—	—	9
	2nd Quarter	—	—	7	—	—	1	—	—	—	—	8
South Bend	1st Quarter	—	—	2	—	1	29	—	—	—	—	32
	2nd Quarter	2	3	6	3	—	39	—	—	—	1	54
Hammond	1st Quarter	—	—	1	—	—	—	—	—	—	—	1
	2nd Quarter	—	—	3	—	—	1	—	—	—	—	4
Terre Haute	1st Quarter	1	—	6	—	1	25	—	—	—	1	34
	2nd Quarter	3	—	7	1	—	32	—	—	—	—	43
Muncie	1st Quarter	—	—	—	—	1	—	—	—	—	—	1
	2nd Quarter	—	—	2	—	—	2	—	—	—	—	4
East Chicago	1st Quarter	—	6	20	2	—	1	—	—	—	—	29
	2nd Quarter	—	3	22	—	4	2	—	—	—	1	32

Table VI  
V. D. Statistics—January-June, 1957, by  
Primary & Secondary & Gonorrhea—by Individual Age

		Under																		
Ages		1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Syphilis:																				
Primary & Secondary		0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	2	1
Gonorrhea:		0	3	1	1	0	2	2	3	2	2	3	2	0	2	13	14	23	55	62
		Over																		
Ages—Cont'd.		19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	35	Total
Syphilis:																				
Primary & Secondary		0	4	3	2	2	2	1	1	3	0	1	1	0	1	1	0	0	9	35
Gonorrhea:		70	78	77	82	72	66	62	49	24	46	33	25	25	26	19	21	11	71	1047

Table VII  
Serological Test for Syphilis

	Total Spec.	Reactors (Pos. & Dbtfl.)	Premarital Spec.	Reactors	Prenatal Spec.	Reactors
1954	197068	16807	20372	972	43443	1372
1955	197449	13004	19482	678	42898	892
1956	186486	10395	18443	445	42489	670
*1957	87894	4762	8587	155	31575	295

\*Figures for January-June, 1957.

The 1957 Legislature enacted a new marriage law. The committee made recommendations and is happy to report the new law includes these changes of particular interest to physicians:

1. After January 1, 1958 it will no longer be necessary for physicians to mail premarital blood specimens nor for laboratories to mail reports of premarital serology.
2. After January 1, 1958 the private physician will be required to mail to the State Board of Health *only* positive laboratory reports on individuals on whom they have made a diagnosis of syphilis.

The following Table 8 is included to indicate the comparison of syphilis and gonorrhea with other common communicable diseases. You will note from this comparison that gonorrhea in position 8 has moved to position 7 and that syphilis for the calendar year 1956 was in position 7 and has moved to position 9. With present day knowledge in the use of antibiotics and methods whereby venereal disease can be controlled this marked increase should not be occurring. Many theories might be advanced to account for the increase in teen-age venereal disease. Strictly from a medical point of view, however, and from the point of health education it appears that the venereal diseases are appearing primarily today in individuals who were babies during World War II. No large scale drive has been made against venereal disease since 1942. Many of the individuals today who are becoming infected by syphilis and gonorrhea are actually ignorant of these diseases, their cause and spread. Certainly the young people of today

should be apprised of the hazards of promiscuity. Physicians, in the light of the above statistics, should be alerted to thorough investigation of each case of venereal disease that they see in their practice and impress upon their patients the importance of adequate treatment and return visits for observation to be certain that they are cured. Concurrent with this facet of the private physician's practice should be stressed the importance of interviewing patients to ascertain the source of their infection. It should be stressed again that such information is held highly confidential and is asked only to bring the infected individuals to treatment. If the present trend of venereal disease increase continues Indiana will be faced with an epidemic of syphilis and gonorrhea.

Prophylaxis of Ophthalmia Neonatorum was again discussed by the committee. Following the recommendations of the Indiana State Medical Association's Committee on Conservation of Vision, it is not felt at this time desirable to change from the use of 1 per cent silver nitrate solution to an antibiotic. The committee reviewed the statistics in regard to this matter before arriving at this conclusion. They also considered a report by the National Association for the Prevention of Blindness in which a survey was done of all states. All 48 states require the use of silver nitrate solution 1 per cent. In two states, namely, California and Iowa, provisions were made that physicians upon application to the state board of health may use certain specified antibiotics.

There were no major communicable disease prob-

Table VIII  
Top Ten Communicable Diseases in Indiana

January 1-December 31, 1956			January 1-June 30, 1957		
Rank	Disease	Number of cases reported	Rank	Disease	Number of cases reported
1	Measles	14,914	1	Measles	6,647
2	Chickenpox	4,792	2	Chickenpox	4,505
3	Mumps	3,376	3	Scarlet Fever	2,668
4	Streptococcic Inf.	2,832	4	Mumps	2,493
5	Influenza	2,186	5	Rubella (German Measles)	2,157
6	Rubella (German Measles)	2,144	6	Influenza	1,214
7	Syphilis	2,090	7	Gonorrhea	1,047
8	Gonorrhea	2,053	8	Streptococcic Infection	1,024
9	Poliomyelitis	404	9	Syphilis	808
10	Pertussis	398	10	Pneumonia	522



lems in 1956 or the first half of 1957 other than the increase noted in syphilis and gonorrhea. The committee concluded that as in all cases where an upsurge of disease is noted—it indicates a relaxation of preventive methods by the laity and medical profession. The above statistics should serve as a warning to all of us to stress to the public the importance of adequate treatment of venereal disease, to educate the public in the cause and method of transmission of venereal disease and emphasize the importance of adequate laboratory testing and equally important the case interviewing and contact investigation that should be done in every case of venereal disease to bring the source of infections to treatment.

The medical profession was alerted as the possibility of an epidemic of Oriental influenza which is due to an A-variant virus. The committee urges physicians to obtain laboratory specimens as requested by WHO in the bulletin from the Indiana State Board of Health.

FRANK M. GASTINEAU, M.D., *Chairman*  
A. L. MARSHALL, JR., M.D., *Secretary*  
W. L. DALTON, M.D.  
L. E. HOW, M.D.  
RAMON D. DUBOIS, M.D.  
T. W. OMSTEAD, M.D.

## COMMITTEE ON VETERANS' AFFAIRS

There being no special problems confronting this committee, no meetings were held as of June 22, 1957.

The Executive Committee requests an amendment to the Veterans' Affairs contract covering Medical Care to Beneficiaries of Veterans Administration (the home town care program) covering two items:

0012—Complete general routine physical examination including urinalysis (chemical)—this item may be authorized for first office visit or first home visit when applicable—fee raised from \$9.00 to \$10.00.

0053—Psychiatric treatment, one half hour or less—fee raised from \$5.00 to \$7.50.

0053A—Psychiatric treatment, period longer than one half hour—fee raised from \$10.00 to \$15.00.

These changes were requested and Supplement #2 to our Contract, was signed by your chairman and returned to the society office for transmission to Washington. The renewal forms for basic contracts were signed also. These changes became effective July 1, 1957.

Your attention is called to a resolution which will be submitted by the Chairman of the Liaison Committee with the American Legion, the Indiana Hospital Association, and the Indiana Dental Association. It is felt that this resolution deserves

not only serious consideration, but active support, in that, until some better method is provided to furnish medical care for indigent veterans, no more feasible solution can be offered. This Committee wholeheartedly recommends the approval of this resolution.

Only one case was referred to this committee by members of the Association. While our contributions in this instance may have been slight, it is recommended that the Association remember that this committee exists and in order to justify its existence, it must have veterans' problems referred to it.

JAMES W. CRAIN, M.D., *Chairman*  
A. F. YORK, M.D.  
HUGH A. KUHN, M.D.  
MYRON H. NOURSE, M.D.  
GERALD H. SOMERS, M.D.  
J. M. KIRTLEY, M.D.

## THE JOURNAL

THE JOURNAL is now well along in its 50th year of publication and is enjoying a busy and prosperous anniversary. One of our specialties since the first of the year has been the recognition of the golden anniversary by means of a special golden cover to be carried throughout the year. Several historical and reminiscent features have been published to aid in the celebration of a half century of medical journalism.

One of the aims of THE JOURNAL in 1957 has been the encouragement of the publication of committee reports throughout the year and at such a time as to allow the reports to be as useful as possible in furthering the work of the Association. It has been the custom to publish a report of each committee at the end of its year of service. Often the result of a committee's work for a year and its recommendations were not publicized until the committee was about to be discharged and replaced.

The staff of THE JOURNAL has been able to publish several good committee reports this year and will continue with the expectation of doing so on a larger scale in the future. The publication of annual reports will, of course, continue. However, it is hoped that committee work will be announced during the year, and preferably early in the year, and that the annual reports will become summaries of interim reports, and will be shorter and more effective. In short, it is our expectation that the reports published for the annual convention will be summaries of accomplishments, and not recommendations. Plans for placing the committees on a continuing basis with a rather slow turnover of personnel will aid in furthering this type of committee reporting.

Due to an increase in the number of advertising pages it is possible to increase the number of scientific articles. At the present time THE JOUR-

NAL is in need of well-written scientific contributions, and wishes to enlist the interest of the Delegates in a campaign in each county society to encourage the submission of case reports and other medical articles.

Certain details of the financial operations of THE JOURNAL are contained in the reports of the Treasurer, the Council and the Executive Committee.

FRANK B. RAMSEY, M.D., *Editor*

## COMMITTEE ON A CODE OF MEDICO-LEGAL MATTERS

Your Committee on A Code of Medico-Legal Matters has met with a similar committee from the Indiana Bar Association as a joint committee and has prepared a Code on Medico-Legal Matters which is herewith submitted as our report.

It has been a pleasure and a privilege to work with the committee from the Bar Association and it is our hope that the proposed code may form the basis of continued pleasant and productive cooperative associations between the medical and legal professions of Indiana.

LALL G. MONTGOMERY, M.D., *Chairman*  
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### INTERPROFESSIONAL CODE INDIANA STATE MEDICAL ASSOCIATION INDIANA STATE BAR ASSOCIATION\*

#### PREAMBLE GENERAL PRINCIPLES

The need for better understanding of the professional problems of doctors of medicine and attorneys at law, dependent each upon the other in many aspects of medico-legal proceedings, has long been apparent to both professions.

The physician is responsible not only for the care of his patient both in health and disease, but also for ministering to his needs to the best of his ability and in accord with the high precepts of his oath.

The attorney is responsible both as advisor and confidant of his client, and as an officer of the court, for representing him as advocate in legal

\* Prepared by the Joint-Committee for formulation of a Medico-Legal Code, Lall G. Montgomery, M.D. and James V. Donadio—Co-Chairmen.

Credit is given to the Wisconsin and Minnesota Codes—parts of each being used in the preparation of this report.

proceedings and as negotiator in his business and personal affairs.

Both are pledged to maintain the confidence and hold inviolate the secrets learned by this patient-physician, client-attorney relation. Each profession is obligated by its common calling to cooperate with the other in the furtherance of the truth as applied to the case at issue. In the pursuit of this goal each should respect the honor and the dignity of the other. The appearance of incompetence, dishonesty, corruption, immorality, or other unethical conduct upon the part of either individual can not be tolerated by either profession.

It therefore becomes the duty of each profession to support within its own ranks, as well as in the ranks of the other, those principles of ethical conduct as applied to medico-legal matters, which both have found necessary in the public good. It is held apparent that adoption of these principles will serve us as a guide to the attainment of the best in interprofessional conduct and practices.

#### ARTICLE I

##### The Physician

**Section 1.** It shall be the obligation of the attending physician to furnish freely to the patient's attorney all facts primarily available only to him. He should explain these facts in such a manner as to be understood by the attorney in order that he can properly evaluate them in his client's cause.

##### Section 2. Written Reports

The attending physician should always furnish his patient's attorney with a written report upon the request of the patient. Such report should contain a history as obtained from the patient, the physical findings, diagnosis, treatment and prognosis. An opinion may be expressed, if requested, concerning the actuality or probability of fact as pertaining to the patient's condition. Physicians must appreciate that promptness in providing a patient's attorney with such information as may be available is of importance to the patient's legal rights. Many matters can be settled out of court to the mutual satisfaction of the parties involved. Undue delays in providing medical reports bearing on a patient's legal rights, may prejudice the patient's opportunity, either as to settlement or disposal of the problem, and thus create possible further expense, worry, and even the loss of important testimony. Witness may die or facts become obscure as the time elapses.

##### Section 3. Records

The attending physician should carefully preserve all records pertaining to his treatment of the patient, making them available for inspection by his patient's attorney, only with the express consent of the patient.

##### Section 4. Advice on Legal Matters

The physician may properly only advise his patient as to the extent, degree, or percentage



of illness, injury, or disability as based upon his best professional judgment. He should never advise on the amount of damages a patient should seek to recover nor upon other monetary aspects of his attorney-client relation. These involve many considerations other than medical and are therefore the exclusive province of the attorney.

## **Section 5. Examination for Attorneys and Other Parties**

A physician may examine a person at the request of an attorney or other party. The physician's service in this event is to the employing attorney or other party, and he is entitled to reasonable compensation for the substantial amount of time spent in examination and preparation of the detailed reports necessary. Charges for such services should be in the same amount as if made to the patient, were the latter to pay such bill directly.

## **Section 6. Attending Physician's Charges**

The attending physician is entitled to reasonable compensation for his services to his patient for time spent in conferences, preparation of reports, travel costs, and court or other appearances. These are services rendered his patient and charges therefore should be made to the patient. The attorney must do his full part in explaining that fact to his client. It is proper and not unusual for an attorney to represent on a contingent fee basis, a client who is not in a position to pay a per diem fee irrespective of the outcome of the case, and the attorney may acquire a lien upon the proceeds of the action. The medical profession neither has, nor seeks, any similar arrangement. The charges of a physician should not in any way be based upon a percentage of the patient's financial recovery. Any other practice might lead to a charge that the physician witness had an interest for being partial in his testimony.

## **Section 7. Limits of Medical Testimony**

### **Subsection (a). Testimony of the attending physician in his patient's behalf.**

The physician should state the facts honestly and simply leading up to, and entering into his diagnosis, his treatment, and his prognosis, according to a most reasonable degree of medical certainty. He should not indulge in speculation unless a speculative answer is required for a specific question. In such a situation he must clearly label his own testimony as speculative or his "best estimate," or "best judgment." Under no circumstances is he justified in suppressing medical evidence or in "taking sides" as such. Such attitude would not only affect the credibility and usefulness of his testimony, but it would also be an unwarranted usurpation of part of the attorney's function.

### **Subsection (b). Testimony as an Expert—Subpoenas**

The medical expert should offer no opinion beyond the facts of the case as observed by him or which goes beyond his personal knowledge, or runs counter to his professional training or experience. He may, however, take into consideration, facts already in the court record, or set forth in a hypothetical question, to which he has had no previous personal knowledge. His professional judgment and his own conscience must mark the limits of his testimony, including his opinions.

In the event that he has been subpoenaed, he is obligated as any other citizen to answer thereto. Where grave emergency prevents his response, such emergency must involve the genuine professional needs of a patient, and he must be prepared to convince the court that the emergency was of sufficient gravity to justify his ignoring the order of the court.

A physician subpoenaed as a medical expert cannot reasonably be held to special study or other preparation for the case, nor can he be compelled to form an opinion under such circumstances. If he had an opinion, however, he is obligated to state it.

No medical expert can be expected to form an opinion if he does not have a professionally adequate basis for one on a litigant whom he did not observe. If an attorney is insistent that a medical expert offer an opinion under these circumstances, the physician should be careful to state for the record that he has been subpoenaed, that he has not observed the patient, if such is the case, and that he has an insufficient basis upon which to form a professional opinion. When a physician who has not observed a particular individual is subpoenaed as a medical expert, he will be confronted with the problem of the hypothetical question. If he can answer that question, he must do so. If he cannot answer it without special study or the question does not contain sufficient facts upon which to form an answer, he should so state.

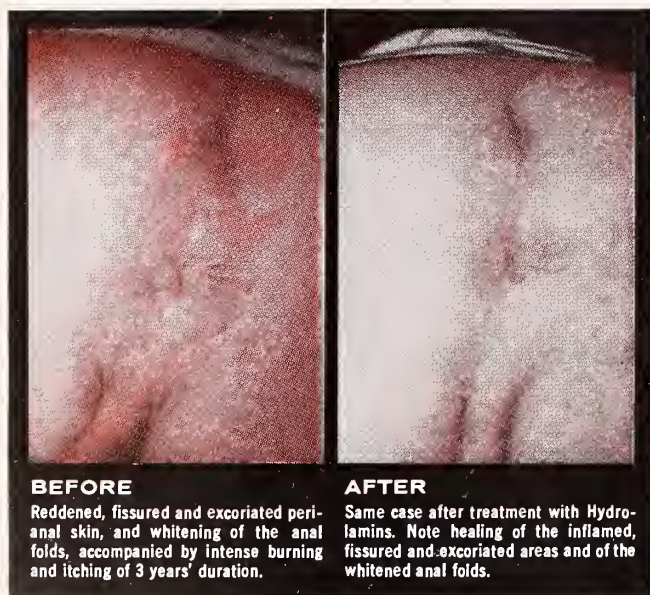
### **Subsection (c). Choice of Language**

The medical witness should express his findings, observations, and opinion before the court attorneys and jury in language readily understood by them. He should also put into intelligible language the effect of particular injuries. In the event that he finds it necessary to describe technical subjects in medical terms, he should then translate those terms into language familiar to his audience. Otherwise, its meaning may be entirely lost or so completely misunderstood as to materially affect the true import of the testimony. The medical witness should remember that his testimony is not intended to impress or edify, but to explain. If it does not help explain and does not clarify the issues of a particular

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1. Bodkin, L. G., and Ferguson, E. A., Jr.: Am. J. Digest. Dis. 18:59 (Feb.) 1951. 2. Arthur, R. P., and Shelley, W. B.: J. Invest. Derm. 25:341 (Nov.) 1955. 3. McGivney, J.: Texas J. Med. 47:770 (Nov.) 1951.



case, it has failed in the sense that it was not useful to the determination of the case.

#### **Subsection (d). Statements to Both Sides**

A physician may not offer observations or opinions or otherwise discuss a case with both sides in a particular proceeding or lawsuit. Nor may he submit to interviews or otherwise furnish reports to attorneys for both parties, except in those cases as required by statute or by express agreement between the parties. It is self-evident that a physician's integrity and judgment are among his most precious assets, and that neither should ever be "purchased." On the other hand, when a physician has been asked to offer his testimony on behalf of a patient or as an expert on behalf of a particular claimant, he should not needlessly complicate the case by making himself available to representatives of the other side by offering apparently inconsistent viewpoints to two or more parties or their attorneys.

When a physician who has agreed to offer testimony on a case is approached by attorneys or other representatives for other parties with adverse interests, he should be frank about his prior commitment, notify the attorney for the party for whom he has agreed to testify, and thereafter be guided by the advice of the latter's attorney.

#### **Section 8. Protecting the Attorney's Time**

The physician should make every effort to protect the attorney's time. Like the physician he has continuing responsibilities to his clients and definite times to be in Court attending to other matters. The physician should make every effort to meet his appointments with attorneys on time. This applies both to appointments for conferences or depositions and other matters. Should an emergency arise which the physician is unable to control, and which would make it impossible for him to keep such an appointment, he should promptly notify the attorney.

#### **Section 9. Public Statements**

Public statements regarding the health or other medical aspects of public or otherwise prominent individuals should never be offered without personal observation of the patient by the physician, followed by the individual's express permission to publish or otherwise make public his findings. It is beneath the dignity of the medical profession to issue such public statements as a basis for altercation or disagreement with other members of the profession.

### **ARTICLE II**

#### **The Attorney**

**Section 1.** It shall be the obligation of the attorney to marshal the facts and to obtain medical opinion which, in his judgment, is necessary for the proper presentation of his client's case. He

shall not counsel or maintain any suit or proceeding which appears to him unjust, nor shall he counsel or maintain any defense, except such as he believes to be honestly debatable under the law. He will use only such means as are consistent with truth and honor in maintaining the causes confided to him. He will never seek to mislead the judge or jury by any artifice or intentional misstatement whatsoever. It is important for the physician to understand, however, that under the adversary system, the attorney does not pretend to advocate both sides in a dispute, but is obligated to present only those facts and opinions as related to his client's side.

#### **Section 2. Payment of Physicians**

The attorney may on behalf of his client pay the physician for such services as are related to the development of his client's legal rights, provided the charges made by the physician are such as he would make if made direct to the patient were he to pay the bill.

In those cases in which the attorney does not or cannot ethically pay the physician, he should as a matter of fairness and interprofessional courtesy do everything reasonably possible to assure payment to the physician for the services rendered in the matter in which he is concerned.

It shall be held professionally unethical for an attorney to make settlement of a case without making provision for the payment of the physician's services, where he made such an agreement with the physician with the client's approval.

#### **Section 3. Court Arrangements — Protecting the Physician's Time**

Courts and attorneys should make every effort to protect the physician's time. He has continuing and often unpredictable responsibilities to his patients that may be anticipated to conflict with courtroom procedure. Courts and attorneys should therefore undertake to determine when and for how long the physician will be needed in court, and he should be given advance notice accordingly. It is then his obligation to be in court at the time requested. In the event an emergency arises which calls for his services elsewhere, courtroom procedure must give way to humanitarian considerations, and the medical witness released or his testimony postponed until the emergency has first been cared for.

#### **Section 4. Conferences**

The attorney should always confer with the physician relative to the common problems involved in a case. Conferences should be arranged at the mutual convenience of each. It is unfair to the patient-client, the physician and the cause of justice, for the attorney to present a medical witness who has not had the advantage of prior conference, to know the full significance of the testimony he has been asked to present. It is also obvious that the attorney is not able to represent

the full interest of his client where he has not had the full advantage of prior conference with the physician.

#### **Section 5. Subpoenas**

It is expected that the attorney will in every instance make a good faith effort to arrange his client's expert medical evidence in ample time before the hearing to allow the physician time for special study, review, or other preparation. Such arrangements should include offer of compensation commensurate with the reasonable value of the professional services involved in preparing or offering testimony, or the time taken away from the physician's practice.

In the event that medical evidence necessary to his client's cause cannot be obtained by prior arrangement, either because the physician has held himself unavailable or has been otherwise unco-operative, then the attorney may subpoena the medical expert, and he is obligated to answer the subpoena as is any other citizen.

#### **Section 6. Influencing Medical Testimony**

It is improper for an attorney to seek to color or otherwise influence the professional opinion of a physician. The attorney may not use a medical expert in bargaining, with the implication that his testimony can be shaped to justify suggested settlement terms. Improperly presented medical testimony is almost always a bilateral product, and one which is professionally unworthy of both the physician and the attorney.

#### **Section 7. Cross-Examination**

No ethical attorney is justified in abusing, badgering, or browbeating any witness, including a physician, whether it be one he called or a witness for the other side. Such actions are beneath the dignity of the attorney, and are equally in violation of the dignity of the physician. Established rules of evidence give ample opportunity for testing the competence of credibility of a medical witness and make unnecessary and unjustifiable a resort to any of the above devices on the part of the cross-examining attorney. The same holds of examination of a physician who is in fact, or who is believed to be, unfriendly to a particular viewpoint and is therefore examined as a "hostile witness."

### **ARTICLE III**

#### **Interprofessional Responsibilities**

##### **Section 1. Conduct on the Witness Stand**

The physician witness should never assume the role of the advocate or contender. Neither should counsel engage in examination of the physician as a friendly or hostile witness, but only as a provider of facts. The physician should show respect and consideration to the court and to the attorneys. The courts and the attorneys have a like obligation to the physician.

##### **Section 2. Conflicting Medical Evidence**

The problem of difference of opinion and diagnosis

between medical experts is of concern to both attorneys and physicians. It must be remembered, however, that both medical science and law are inexact sciences and that honest differences can be held, not only in the interpretation of law, but also in the interpretation of symptoms and physical findings.

The attorney can reduce the area of misunderstanding from which conflicting testimony frequently comes, by careful preparation of his case with a particular purpose in having certain testimony offered. It is the duty of the physician, directed by the examining attorney, in the presentation of conflicting medical testimony, to so justify his answers as to explain the reasons for the differing opinions so far as possible. Areas of agreement should be explored by the examining attorney. The attorneys and the court should be made to understand that many diagnoses are limited by the subjectivity of the symptoms and may vary with the mental outlook of the patient; that the prognosis is dependent primarily upon the diagnosis, and may thus be expected to differ also in the opinions of the diagnosing physicians; that treatment may differ in alternative situations, in any one of which two or more methods of treatment may each be proper and equally successful; and finally that diagnosis and treatment must both be evaluated as of the time they occurred rather than in the light of a later day.

In the event that the court is requested to appoint a third disinterested physician to examine the litigant for the edification of the court in determining between the conflicting medical evidence, he should be furnished copies of the conflicting reports, and in his examination and report take into account the tenets of the above paragraph. He should limit his report by the utmost in objectivity, and not in any way place himself in the position of taking sides with one physician or the other.

#### **Section 3. The Committee for Medico-Legal Review**

It is agreed that a committee of six (6), to consist of three (3) attorneys and three (3) physicians, will be appointed by the respective presidents of the State Bar Association and the State Medical Association. These appointees, if required, will sit quarterly as a joint committee to review those court or administrative agency cases in which medical testimony appeared to the court, or administrative agency, attorney or attorneys or to a physician or physicians to have been so contradictory or improper as to indicate conscious deviation from the truth. In a like manner they will review those cases called to their attention involving an attorney in which there is question of his exceeding propriety in his handling of medical witness, or in his efforts to introduce improper medical testimony.

The judge or attorney or accusing physician must submit in writing a brief statement to the committee, giving the name of the physician or attorney to be investigated, and also the names of the



principals in the trial, in order that a transcript of the entire testimony can be obtained.

A transcript of the entire testimony of the case in question must be obtained and placed at the disposal of the committee. The expenses of the committee shall be budgeted in equal amount from the State Medical Association and the State Bar Association.

To assist the committee, members of the State Medical Association in the various specialties, and eminent members of the Bar must be willing to appear before the committee when requested to do so and express their opinion regarding the testimony in question. The medical testimony under scrutiny will not be confined to any particular type of legislation, nor to any particular court. It may include civil, criminal and personal injury cases, and all cases tried before the Industrial Board. The name of the accusing individual will be kept confidential by the committee. The committee will have neither judicial nor disciplinary power. In those cases of mildly questionable character, the committee may deem it advisable to have one of its members discuss the problem with the accused. In cases of a flagrant character, a complete report, with the transcript, will be sent to the Council of the State Medical Association, or to the State Bar Association for disciplinary action.

#### Section 4. Interprofessional Tolerance

Each profession has the duty to develop an enlightened and tolerant understanding of the other. Inasmuch as the aims of the two professions are parallel in their services to society, it is in the best interest of society that a spirit of cooperation and understanding be developed. In the furtherance of these aims, each must keep in mind the differences in the capacities and characteristics of the practitioners of both professions, and that while law and medicine may each be termed as a science, each is an inexact science; and such inexactness is, and always will be, accented by the human limitations of its practitioners.

### COMMITTEE ON REORGANIZATION OF COMMITTEES

Pursuant to the action of the 1956 House of Delegates your committee has met and reviewed the structure of the Association committees, their activities and functions. We agree that in many respects the present committee structure is cumbersome, in many cases the work of one duplicates the work of another, and in many cases there is overlapping of work.

During the years of the Association it apparently has been the custom to appoint a committee for a limited field of responsibility, and in some cases these committees have been continued from year to year without specific work to do. We believe

the appointment of a committee such as this study committee was timely. We have studied other state medical association committee structures and find that many of them have already revised their committees. At the present time the American Medical Association has under study a report of a national consulting organization which has made suggestions, if adopted, which would bring about sweeping reorganization of the American Medical Association activities. Another reason we believe this study was timely is that when we were charged with the specific responsibility of studying the committee structure of our Association it was surprising to find how much change has been taking place over the last several years in the activities of the Association. No longer is the Association dealing solely in the scientific field as it did just a few short years ago, but today, we are in many fields of activity with which no doubt just a few years ago no one would have dared suggest we would find ourselves concerned.

The committee has come to the conclusion that many changes should be made and have made these suggestions to members of the Committee on Constitution and Bylaws, whom we understand have covered them in their report.

We suggest that the Executive, Grievance, and the Student Loan Committees be retained as presently constituted. We suggest that a new committee be created in keeping with the provisions of the Code between the Medical and Legal Professions. This committee to be known as the "Medical-Legal Review Committee" and that their responsibilities be outlined in accordance with the Code.

We further suggest that the Editorial Board be retained as presently constituted, but that their responsibilities be expanded to include the Historical and Necrology Committees of the Association. We have not in the past had anyone responsible for keeping a history of our Association, and it is conceivable that this additional responsibility could be made a part of the duties of the Editorial Board. Inasmuch as they also gather and publish the deaths of our members, it would appear they could also provide the annual Necrology report.

We further suggest that the balance of the present committees and their responsibilities be grouped under eleven commissions. These commissions we propose should be composed of 15 members to be appointed by the President, with one member of each Commission coming from each of the Councilor Districts in order that full representation be achieved. We suggest that the terms of the Commission members be for three years, with five members' terms expiring annually and that the number of terms on such commissions be limited to two in succession.

We would further propose that the President of the Association, not later than 60 days following the close of the Annual Convention of the

Association, call all members of these commissions together, outline their responsibilities, assign any new activities deemed necessary for the conduct of the Association, and that then these various commissions assemble in their respective meeting rooms, for the purpose of organizing their commission by the election of a chairman, vice-chairman and secretary, that they organize themselves into any subcommittees they deem necessary, outline their proposed work for the year, and then report back in a general meeting so all may have the benefit of the total work for the year and the goals to be attained. We believe the President should have the authority to remove any member of these commissions who for any reason cannot function as an active member in carrying on the work.

The commissions we propose and their responsibilities are as follows:

#### COMMISSION ON LEGISLATION

It should be the responsibility of this Commission to study all legislation, both state and national. This also includes proposed legislation, as to its effect upon the private practice of medicine and the health of the public. This Commission should keep the profession fully informed at all times, conduct necessary legislative studies, maintain liaison with members of state and national legislative bodies, and implement the legislative proposals of the Association.

#### COMMISSION ON PUBLIC INFORMATION

The term "Public Relations" in our opinion has become a little shopworn and perhaps the title "Public Information" more nearly meets the intent and purpose of this activity. We suggest that the present activities of the Public Relations, Publicity, and State Fair Committees be merged under this Commission. The responsibility of this Commission would be to keep the public informed in whatever field and by whatever method necessary in accordance with the activities of the Association. All material distributed for public consumption would be handled through this Commission, and at the same time they should be responsible for carrying on the functions which normally fall under the classification of public relations.

#### COMMISSION ON GOVERNMENT MEDICAL SERVICES

In the present time we have become interested and involved in a multitude of government medical services. We propose that in order to correlate these activities properly the present activities of the following committees be grouped under this Commission: Civil Defense, Crippled Children Rehabilitation, Medical Programs of the State Welfare Department, Maternal and Child Health, Military Manpower (the present need for this committee ended with the end of the Doctor

Draft, July 1, 1957, but may be necessary in the future), Veterans' Medical Programs, Medicare, Venereal Disease, Communicable Diseases, and all medical programs of municipal, state and federal government, liaison with the State Department of Health.

#### COMMISSION ON PUBLIC HEALTH

Here we have attempted to group all present committee activity dealing with the health of the public. We recommend that Industrial Health in all its aspects, Rural Health, Preventive Medicine, Physician Placement, Traffic Safety, Conservation of Hearing, Conservation of Vision, Liaison with the State Board of Health, be included in this commission.

#### COMMISSION ON VOLUNTARY HEALTH AGENCIES

It has been evident that we need to strengthen our liaison with the many voluntary health agencies, that we should know more about their planning, and make ourselves available to help plan programs which would not result in bad relations as has occurred from time to time. We therefore propose that grouped under this Commission should be the present activities of the Cancer, Tuberculosis, Heart, Diabetes, and such committees, and that this Commission be responsible for maintaining liaison with all voluntary health agencies, reviewing and counseling with them in their planning and educational programs, and keeping the Association fully informed at all times on present and contemplated programs of these agencies.

#### COMMISSION ON MEDICAL ECONOMICS AND INSURANCE

This Commission would have the responsibility of reviewing and being informed on all matters pertaining to medical and hospital insurance, various health plans, including those of union and other private groups, liaison with labor, Workman's Compensation, study of malpractice insurance, physician retirement plans, and all other matters falling under the field of medical economics and insurance.

#### COMMISSION ON INTERPROFESSIONAL RELATIONS

At present we have any number of small groups contacting other allied professional groups. It would appear it would be more efficient if all these present activities could be grouped under this one Commission. This Commission would deal with all matters concerning hospital-physician relations, physician-nurse relations, physician-dentist relations, physician-pharmacy relations, physician-pharmaceutical relations, physician-veterinarian relations, physician-nursing home relations, and all other allied groups.



COMMISSION ON MEDICAL EDUCATION AND LICENSURE

This Commission should concern itself with liaison with the Medical School and Licensing Board, undergraduate, graduate and postgraduate education, internships, residencies, and health education programs in the public schools.

COMMISSION ON CONSTITUTION AND BYLAWS

This Commission will assume the responsibilities now carried on by the Committee on Constitution and Bylaws.

COMMISSION ON ANNUAL SESSION

This Commission will concern itself with the duties presently carried on by the Committees on Convention Arrangements, Scientific Work, Scientific Exhibits, and Instructional Courses.

COMMISSION ON SPECIAL ACTIVITIES

Rather than continually appoint new committees to carry on work in new fields, we suggest the Commission on Special Activities. At the present this Commission could concern itself with the American Medical Education Foundation, blood banks, professional welfare, and any other activities which might arise from time to time. In some cases the activities of this committee might become a permanent program which could then

be assigned to one of the other committees or commissions. This Commission could concern itself with many of our present special and so-called experimental activities.

We have merely outlined our suggested reorganization structure in the foregoing report. We believe you will find it helpful to read the report of the Committee on Constitution and Bylaws, as here the responsibilities of these Commissions have been fully spelled out. It is our sincere belief that this plan would add to the efficiency of our program, and would provide a working group which would have sufficient activities to hold and develop the interest of the members. These various committees and commissions should work closely together, and should be free to call for any assistance they deem necessary to accomplish their work. They should be encouraged to meet with like groups in the Auxiliary, and to call in allied groups, and members of the Association to consult with them regarding their work.

We therefore urge the adoption of this proposed plan of reorganization as provided for in the report of the Committee on Constitution and Bylaws.

WILLIAM C. REED, M.D., *Chairman*  
W. L. PORTEUS, M.D.  
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## AMENDMENTS TO CONSTITUTION

To be voted on at French Lick Session, 1957

At the 1956 annual convention at Indianapolis, the House of Delegates adopted the report of the Reference Committee on Amendments to the Constitution and Bylaws, which contained the following recommendations:

(1) That eligibility age for senior membership be reduced from 75 to 70 years, in conformity with the American Medical Association's rule on senior membership, eligibility to begin the year after the member reaches the age of 70.

Article IV, Section 4, of the Constitution, is therefore amended to read as follows:

"Sec. 4—Senior Members. Senior members shall be physicians of the State of Indiana who have attained the age of seventy years and have held membership in the Indiana State Medical Association for twenty years or more, and who, upon their application, have been certified to the executive secretary as eligible for such membership by the county societies of which they are members. Eligibility to senior status shall begin the year after the member reaches the age of seventy."

(2) That Article IV, Section 2, of the Constitution be amended to read as follows:

"Sec. 2—Active Members. The active members of this Association shall be the members of the component county medical societies, and no county medical society shall grant membership therein on a basis that does not include membership in the Indiana State Medical Association. Provided, however, that any county medical society may include a class of active members to be known as limited active members; and that limited active members must be members of any component state association of the American Medical Association, other than the Indiana Association, and that such limited active members shall not be counted in determining the number of delegates to the Indiana State Medical Association and to the AMA to which the county that admits them as limited members is entitled, or to which the State of Indiana is entitled in its delegation to the AMA, but that such members shall have all of the other rights and privileges pertaining to active members except the right to medical defense by the State Association; and that such limited active members shall be reported as limited active members by each county society secretary having such members, and such limited active members shall pay all Indiana county and Indiana State Medical Association dues through the usual channels and have all other obligations that now pertain to active members."

(In accordance with the Constitution, the above has been published in THE JOURNAL of the Indiana State Medical Association in issues of December, 1956, and September, 1957, and final action is to be taken at this meeting.)

## RESOLUTIONS

### RESOLUTION No. 1

Introduced by: CLAY COUNTY MEDICAL SOCIETY

Subject: USES AND ABUSES OF VOLUNTARY HEALTH INSURANCE

WHEREAS, The medical profession has for many years approved, promoted and supported the principles of voluntary health insurance as opposed to enforced health plans and:

WHEREAS, in the course of any new plan or system certain new uses will arise as well as certain abuses and:

WHEREAS, the following new uses are now deemed both necessary and advisable, we, the members of the Clay County Medical Society, now submit and suggest these proposals for consideration by the Indiana State Medical Association, the Indiana State Hospital Association and the Insurance Organizations, both profit and non-profit, doing business in the State of Indiana.

1. That Hospital Insurance or Hospital and Medical Insurance be sold only on a standard contract basis, possibly four plans of different cost and indemnity.
2. That certain legitimate out-patient services including diagnostic examination be included in order that patients shall have the proper preventive medicine and that hospital beds are not occupied by such patients at an additional cost to insurance carriers. The demand for this service is insistent and cannot be longer ignored.
3. Certain complications of pregnancy are not covered in most plans. Such important conditions as miscarriage or abortion (not criminal), ectopic pregnancy, transfusions are frequently more expensive and time consuming than full term normal pregnancy and should receive proper consideration.
4. Purchasers of insurance should receive a definite per diem scale and not "double room or two bedroom allowance." Since there is a great variation in hospital rates, a flat per diem allowance is more equitable. The smaller hospitals such as ours are contributing to the larger and more expensive hospitals now. If such person desires more elaborate care or quarters it should be so stated that additional expense must be borne by the patient.
5. Fees allowed for non-surgical care are absurd and a mere pittance in the light of today's costs for all other commodities or services. A particular instance is the common \$3.00 per diem medical allowance for which the physician must assume more responsibility and spend more time daily than is spent on surgery.
6. In cases wherein surgery is performed, there should be four fees—the Surgeon—the Anesthetist—the Assistant—the After Care. If one



doctor performs two services he should rightly charge for two services. The assistant (usually the attending physician) may give the "after-care." The anesthetist may give the anesthetic and the "aftercare." In no case should it be permissible or possible for one doctor to receive pay for more than two services. The total cost of all four services should not be above existing fee schedules, thus protecting the insurance companies, the patient and the physician who renders the service.

### ABUSES

1. The most flagrant abuse which has arisen is multiple coverage for the same illness. It is not uncommon to find patients with 2-5 claims on the same illness often increasing the likelihood of prolonged hospitalization even to the extent of malingering. In such cases a claim is made for physician and hospital. Since the physician and hospital can only be paid once the remainder is profit for the patient. Allowances for physician and hospital are now being appropriated for "sick benefits" and not for the purpose for which they were intended. An additional policy or clause in the existing policy should be made to cover the disability benefits which are beneficial and practical, and definitely belong to the patient. In other types of insurance such as fire and automobile this is not possible, thereby preventing crime and fraud.
2. The name of the beneficiary and the hospital, or the beneficiary and the physician, should both appear on the checks as well as other pertinent information concerning the case, which physicians and patients as well should have. This would prevent the common and too frequent practice, which is also on the increase, of the beneficiary obtaining the settlement, spending it for other purposes and not paying medical or hospital services for which it was intended. Loss here may run as high as 10% for both physician and hospital. In our opinion this constitutes obtaining money under false pretenses and furthermore such claims would constitute fraud.
3. The beneficiary should have a list or schedule of allowances for services and must clearly understand that such allowances may or may not cover the fees charged. The usual belief is that "I have insurance and you take it or else." Plans should be indemnity type and not service type.
4. The various health and medical benefit plans which unions now have in contracts with management are a form of strong-arm tactics. In rare cases only, are the local physicians or hospitals consulted about what is adequate or proper. A little time spent together by union officials, management and county medical society officials and hospital officers would improve mutual understanding as well as insur-

ance plans. Only in such manner can adequate coverage be provided and good public relations take place. Too frequently union officials have adopted the position that it is none of the doctor's or hospital's business. We believe this is one of the principal causes of dissatisfaction both by the lay public and the medical and hospital professions. Adequate coverage is also the best preventive for enforced or government plans.

### NOW THEREFORE BE IT RESOLVED THAT:

The Indiana State Medical Association, the Indiana Hospital Association and the Indiana Association of Insurance Carriers proceed to consider the above points and take action forthwith to correct abuses, and create new uses for voluntary health insurance. Furthermore be it resolved that such committee be formed on the county level to proceed along the same line.

### RESOLUTION NO. 2

Introduced by: INDIANAPOLIS MEDICAL SOCIETY

Subject: INCREASED INSURANCE PAYMENTS FOR MEDICAL CARE

WHEREAS, voluntary medical insurance plans have been accepted both by the public and physicians; and

WHEREAS, there are great inequities in this insurance for hospital medical care, medical care in surgical cases and recognition of consultant fees; and

WHEREAS, this House of Delegates passed a resolution in our last Annual Meeting in October, 1956, to recommend extended hospital medical benefits,

THEREFORE BE IT RESOLVED, in all hospital cases in which medical care is given, \$20.00 be allowed for the first day in the hospital, \$10.00 for the second day, \$5.00 for the next five days, and \$4.00 per day thereafter up to the terms of the contract, and if any surgical procedure be done on the case during the hospital stay this procedure shall be paid to the surgeon as per the schedule existing in the contract, in addition to the above medical fees, and

BE IT FURTHER RESOLVED, there shall be a separate claim form completed by each physician rendering patient care, and both the physician rendering the service and the patient shall sign each respective form, and

BE IT FURTHER RESOLVED, there shall be adequate compensation for a recognized consultant in any case having a genuine need for consultation and the fee for consultation shall be established as up to \$25.00 per consultation, and

BE IT FURTHER RESOLVED, that the Insurance Committee of the Indiana State Medical Association present a copy of this resolution to every



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insurance company writing medical care insurance in Indiana for their information and disposition, and

BE IT FURTHER RESOLVED, that the delegates of the Indianapolis Medical Society present this resolution to the House of Delegates of the Indiana State Medical Association for its approval.

### RESOLUTION No. 3

**Introduced by:** INDIANAPOLIS MEDICAL SOCIETY

**Subject:** SIMPLIFICATION OF INSURANCE REPORTING FORMS

WHEREAS, many claim forms for medical and surgical care to patients are too cumbersome and require too much detail and useless information;

AND WHEREAS, a simple and standard form giving essential information would be more acceptable to the medical profession;

THEREFORE BE IT RESOLVED, that this House of Delegates duly assembled does hereby recommend the simplification and standardization of all claim forms for medical and surgical care to patients; and

BE IT FURTHER RESOLVED, that a copy of this resolution as accepted be forwarded to all insurance carriers writing medical and surgical care insurance in this state for their information, and

BE IT FURTHER RESOLVED, that the delegates of the Indianapolis Medical Society present this resolution to the House of Delegates of the Indiana State Medical Association for its approval.

### RESOLUTION NO. 4

**Introduced by:** VIGO COUNTY MEDICAL SOCIETY

**Subject:** BROADENING HEALTH INSURANCE BENEFITS

WHEREAS, voluntary Medical Insurance Plans have been accepted both by the public and physicians, and

WHEREAS, there are great inequities in this insurance of hospital medical care, medical care in surgical cases and recognition of consultant fees, and

WHEREAS, there is no provision in present insurance contracts for separate payment of the attending physician for services he renders the patient for diagnostic work-up, assisting in surgery, and after care,

THEREFORE BE IT RESOLVED, reasonable and adequate compensation should be allowed to the attending physician for his services. This com-

pensation should be paid in addition to any surgical fee.

BE IT FURTHER RESOLVED, there shall be separate claim form completed by each physician rendering patient care, and both the physician rendering the service and the patient shall sign each respective form, and

BE IT FURTHER RESOLVED, there shall be adequate compensation for a recognized consultant in any case having a genuine need for consultation, and

BE IT FURTHER RESOLVED, that the Insurance Committee of the Indiana State Medical Association present a copy of this resolution to every Insurance Company writing Medical Care Insurance in Indiana for their information and disposition, and

BE IT FURTHER RESOLVED, that the Delegates of the Vigo County Medical Society present this resolution to the House of Delegates of the Indiana State Medical Association for their approval.

### RESOLUTION NO. 5

**Introduced by:** VIGO COUNTY MEDICAL SOCIETY

**Subject:** RESOLUTION PROPOSING A CONSTITUTIONAL AMENDMENT FOR THE PURPOSE OF COUNCILOR DISTRICT REORGANIZATION

WHEREAS, The Council of the Indiana State Medical Association is by constitutional definition the Board of Trustees of the Association, and the Councilor is actually a Trustee of the Indiana State Medical Association responsible to the House of Delegates, and thereby should be elected by the House, and

WHEREAS, the present Councilor District organizations within the Indiana State Medical Association are not representative in that they are based on geographic rather than a numerical membership basis, and

WHEREAS, the Council as Trustees for the funds of the Association should represent the dues paying membership on a basis of proportionate participation in the dues contribution to the general fund and not on an arbitrary geographic division of the state, and

WHEREAS, District Medical Society meetings are without purpose except for the election of officers, and are so poorly attended that they seldom reflect the will of the majority of the membership, and

WHEREAS, District Medical Society meetings were originally organized for the purpose of providing scientific programs and the opportunity for

group participation in learned discussions, but with changing times, ease and rapidity of transportation, and multiplicity of meetings now available, this need has ended, and

WHEREAS, District meetings as heretofore conducted have been the source of much unnecessary and time consuming work on the part of the Executive Secretary of the Association, the Field Secretaries, the officers of the Association, and the invited participants from the Medical School Faculty, and

WHEREAS, we now employ two Field Secretaries and contemplate further expansion of the field secretarial staff in order to accomplish even more liaison formerly expected from District Officers, and

WHEREAS, at the meetings of the House of Delegates of the Indiana State Medical Association, the delegates are seated in a haphazard manner without the benefit of group discussion, caucus, polling, or organization within the House on a district basis,

NOW THEREFORE BE IT RESOLVED, that the House of Delegates of the Indiana State Medical Association shall redefine the Councilor Districts to more readily conform to the numerical distribution of the membership throughout the state, attempting insofar as possible to define each district with the same or nearly the same number of members. Except that any district in which there is a preponderant concentration of members which cannot be resolved by redefinition of district boundaries, shall be entitled to representation by more than one Councilor and Alternate Councilor, each to be elected on the basis of one Councilor and Alternate for each five hundred members or fraction thereof over one-half;

BE IT FURTHER RESOLVED, that the House of Delegates of the Indiana State Medical Association be seated in the House by districts, and that the second meeting of the House of Delegates so seated each year shall constitute the Annual District Meeting;

BE IT FURTHER RESOLVED, that no election of district officers be held except for the offices of Councilor and Alternate Councilor. The names of nominees for these offices shall be placed before the House of Delegates at the appropriate second session of the House in the year in which each office falls due for re-election. At that time nominations from the floor may also be made but any such nominations from the floor must be of a candidate from the respective district involved. Election shall be by a majority of the votes cast by the House of Delegates. In case no nominee receives a majority on the first ballot, the nominee receiving the lowest number of votes shall be dropped and a new ballot taken,

BE IT FINALLY RESOLVED, that appropriate amendment be made by the due process to the Constitution of the Indiana State Medical Association

in order to implement these proposals for reorganization.

## RESOLUTION NO. 6

Introduced by: VANDERBURGH COUNTY MEDICAL SOCIETY

Subject: PUBLICATION PRACTICES OF THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

WHEREAS, the American Medical Association is founded upon democratic ideals, and its structure, from the grass-roots county societies, through the state associations, to the House of Delegates and Board of Trustees is in the true American tradition of democracy, and

WHEREAS, the equality of the rights and privileges of membership are guarded most zealously in the constant effort to uphold and perpetuate this tradition, and

WHEREAS, when death comes to a member, as a mark of respect, and as a means of emphasizing the true democracy of this great organization, the spirit of equality should carry over and prevail, as his passing is noted in Journal of the American Medical Association, and

WHEREAS, it is the editorial policy of the Journal to single out certain members for special mention in the obituary section regardless of alphabetical arrangement, and before the rank and file are listed in proper alphabetical order, now therefore

BE IT RESOLVED, that the Vanderburgh County Medical Society is opposed to the present undemocratic arrangement of obituaries in the AMA Journal, and believes that all obituaries of deceased members should be listed in strict alphabetical order; that this resolution be introduced in the House of Delegates of the Indiana State Medical Association in October, 1957, and Indiana Delegates to the AMA be instructed to introduce this measure in the AMA House of Delegates at the interim session in December, 1957.

## RESOLUTION NO. 7

Introduced by: VANDERBURGH COUNTY MEDICAL SOCIETY

Subject: USE OF "DOCTOR" TITLE

WHEREAS, a large part of our population is not acutely aware of the means of distinguishing the difference between the many various areas of the healing arts, and assume that all who call themselves "Doctor" are doctors of medicine, and

WHEREAS, many of those holding themselves out to be practitioners and healers, who are not Doctors of Medicine, capitalize upon this as a means of implying that they hold an M.D. degree by resorting to subterfuge in describing themselves to the public. Among such subterfuges is use only



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of the initials "Dr." or the word "Doctor" before their names. Another is use of initials denoting the degree in small, illegible letters following the name, and

WHEREAS, it is in the public interest that those requiring the services of a physician not be misled or deceived as to the qualifications, education, training and theory of the practitioner, therefore

BE IT RESOLVED, that the Vanderburgh County Medical Society petition the Indiana State Medical Association to sponsor legislation in the next General Assembly designed to prohibit persons holding themselves out as physicians and healers from using the initials "Dr." or the word "Doctor" before their names on signs, letterheads, statements, etc., unless the initials denoting the degree also are displayed, and that such initials denoting degree be of the same size, prominence, and legibility as the letters in the name.

#### RESOLUTION NO. 8

**Introduced by:** VANDERBURGH COUNTY MEDICAL SOCIETY

**Subject:** CREATION OF SECTION ON RADIOLOGY

WHEREAS, at present the Indiana State Medical Association does not have a section on Radiology, while most state medical groups have recognized the advantage of such a section and have included it in their organizational structure, and

WHEREAS, approximately 115 radiologists are represented in the Indiana Roentgen Society, and have gone on record as believing such a section is desirable and necessary, because Radiology affects every area of medical practice, and

WHEREAS, creation of such a section would enable this field of medicine to have a closer representation in the scientific aspect of the Indiana State Medical Association. In turn, all other areas of medical practice would be brought into closer relationship with Radiology, and

WHEREAS, in addition to members of the Indiana Roentgen Society there are many other radiologists in this state who feel that a section on Radiology is desirable and would bring benefits not only to this specialty, but to all fields of medicine, now therefore

BE IT RESOLVED, that the Vanderburgh County Medical Society petition the House of Delegates of the Indiana State Medical Association to create a Section on Radiology, composed of physicians who are members of I.S.M.A., and who practice Radiology exclusively or devote a large part of their practice to this field of medicine.

#### RESOLUTION NO. 9

**Introduced by:** JENE R. BENNETT, M.D., DELEGATE FROM ST. JOSEPH COUNTY MEDICAL SOCIETY, ON BEHALF OF THE INDIANA ASSOCIATION OF PATHOLOGISTS

**Subject:** SPECIALTIES INCLUSION IN "MEDICARE"

WHEREAS, The American Medical Association has declared that the practices of anesthesiology, pathology, radiology, and physical medicine are practices of medicine; and

WHEREAS, anesthesiologic, pathologic, radiologic, and physical medicine services may be rendered in or outside a hospital, and

WHEREAS, such anesthesiologic, pathologic, radiologic, and physical medicine services can be performed only by or under the supervision of duly licensed physicians, and

WHEREAS, the several state medical societies have contracted for the physicians with the Department of Defense to supply medical services to dependents of the Uniformed Forces under Public Law 569 of the 84th Congress (otherwise known as the Dependents' Medical Care Act), and

WHEREAS, certification of medical services rendered can be made only by physicians; therefore be it

RESOLVED, that the Indiana State Medical Association hereby declares that anesthesiology, pathology, radiology, and physical medicine are practices of medicine, under the terms of the contracts which have been negotiated between The Indiana State Medical Association and the Department of Defense as set forth in Contract No. DA-49-007-MD-815, dated November 30, 1956, issued by the Department of Defense in compliance with the Dependents' Medical Care Act, and fees for such services, wherever rendered, must be paid to the physicians rendering the services.

#### RESOLUTION NO. 10

**Introduced by:** GRANT COUNTY MEDICAL SOCIETY

**Subject:** MEDICARE FEES

WHEREAS, the officers of the Indiana State Medical Association stated to the 1956 House of Delegates, that the Indiana State Medical Association had entered into an agreement with the Federal Authorities for the Medicare Program in Indiana and stipulated that our fiscal fee schedule was made, but that the physician would render a reasonable charge for the service rendered, and

WHEREAS, the fees for services rendered by



physicians in accord with the usual fee charged in the community have been graded down by a reviewing board of the Indiana State Medical Association before payment was made to the physician, and

WHEREAS, the reviewing board has required the physician to certify that the graded down fee was payment in full for the service included:

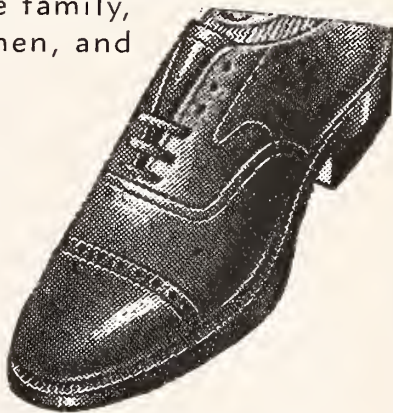
NOW THEREFORE BE IT RESOLVED, that as long as the present agreement with the Medicare Program is in force, no officers of the Indiana State Medical Association, or any committee appointed by the officers of the Indiana State Medical Association be empowered to grade down the fee charged by a physician for services rendered as long as the fee is the usual fee charged in the community in which the service is rendered.

BE IT FURTHER RESOLVED, the physician not be required to certify that payment allowed is payment in full when the amount paid is less than the usual fee for the service rendered in the community in which the service was rendered.

BE IT FURTHER RESOLVED, that if in the future the Indiana State Medical Association enter into a fee schedule with the Medicare Program, the fee schedule will be equal to or greater than the Preferred Blue Shield schedule at the time of the agreement and that the agreement be from year to year.

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# Technical Exhibits

## Booth

## Company and Products

### 32 ABBOTT LABORATORIES, North Chicago, Illinois

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HARMONYL, a new tranquilizer combining the potency of the rauwolfias but significantly fewer side-effects, will be among the products exhibited by Abbott Laboratories. Also shown will be TRAL®<sup>®</sup>, a distinctive anti-cholinergic for prompt relief from peptic ulcer; SAFF®<sup>®</sup>, a dietary supplement used in the management of atherosclerosis; PEGANONE®, Abbott's new anticonvulsant in the hydantoin series. Abbott's additions to its line of vitamin products also will be exhibited; among them NUA-LETS®<sup>®</sup>, for pregnancy and lactation, OP-TILETS®<sup>®</sup> for stress conditions requiring therapeutic-formula multi-vitamins and DAY-ALETS, a very popular multiple-vitamin preparation.

### 22 AKRON SURGICAL HOUSE, INC., Indianapolis

The Akron Surgical House, Inc., will exhibit as usual and will have the same exhibit space as before, Booth No. 22.

Mr. Clarence Lippott and Mr. Ed. Hallyburton will be on hand as usual to meet old friends and new and show the latest in surgical instruments and equipment.

### 42 A. S. ALOE COMPANY, St. Louis, Missouri

### 26 AMES COMPANY, INC., Elkhart

Robert F. Myers, in charge; William E. Furrow, assistant; D. LeRoy Hussey, sales manager, East Central division.

The Ames Company exhibit will feature an entirely new concept in the detection and evaluation of proteinuria—a new colorimetric test supplied in two forms: ALBUTEST Tablets and ALBUSTIX Reagent Strips. Results are obtained in seconds. Demonstration by Ames representatives will show the many advantages of this new principle.

### 21-M AYERST LABORATORIES, New York 16, New York

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## Company and Products

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### 11 THE BAKER LABORATORIES, INC., Cleveland 3, Ohio

J. Marc Connor, Paul E. Moeder

You are invited to visit our booth where Baker's Modified Milk and Varamel, two successful products for infant feeding, are on display.

Baker representatives will be glad to discuss with you the special features of Baker Milk products which promote better tolerance, less colic, better gain and improved tissue turgor for bottle-fed infants.

### 9 THE BOB BALL COMPANY, Indianapolis 4

Bob Ball, Ken Alexander, Kean Wells

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### 46-M BAXTER LABORATORIES, INC., Morton Grove, Illinois

Samuel Parker, George Newport, Patrick Pendergest

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Many new parenteral fluids and administration sets will be available for your review. Look for the complete line of PLEXITRON SETS for the administration of fluids and for simpler blood collection and transfusion procedures.

**20 BLACK & SKAGGS ASSOCIATES,  
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stitutions is contributing to the reservoir of fundamental medical knowledge.

Through such research 'B. W. & Co.' has made notable advances related to leukemia, malaria, diabetes, and diseases of the autonomic nervous system; and to antibiotic, muscle-relaxant, antihistaminic, and antinauseant drugs.

An informed staff at our booth will welcome the opportunity to discuss our products and latest developments with you.

**19-M BURTON, PARSONS & COMPANY,  
Washington 9, D. C.**

Charles A. Roadcap

You are cordially invited to visit the Burton, Parsons and Company booth where information, samples and literature will be available on our hydrophilic colloids, L. A. FORMULA and KONSYL. L. A. Formula contains 50% bulk producing material dispersed in an equal amount of lactose and dextrose. Konsyl, on the other hand, contains 100% bulk producing material and is certainly the product of choice for the obese, the diabetic, and others with restricted caloric intake. Orange juice will also be available to prove that L. A. Formula is unsurpassed for palatability and literally defies detection in orange juice.

**17 THE CENTRAL PHARMACAL COMPANY,  
Seymour, Indiana**

The Central exhibit will feature NEOLAX for physiologic treatment of chronic constipation; NEOPARBEL, a highly effective product for the prevention and treatment of primary dysmenorrhea; and BIOTRES, a superior triple antibiotic ointment for rapid control of pyodermas without risk of fungal overgrowth.

Literature and samples of these specialties will be available.

**4 CIBA PHARMACEUTICAL PRODUCTS, INC.,  
Summit, New Jersey**

CIBA is exhibiting Vioform-Hydrocortisone Cream, an extremely effective preparation for controlling a wide variety of acute and chronic skin disorders. It is antifungal, antibacterial, anti-inflammatory and antipruritic—a four-way means for providing relief of itching and inflammation and rapid healing. Moreover, it is effective where many antibiotic combinations fail.

**18-M THE COCA-COLA COMPANY,  
Atlanta 1, Georgia**

Ice-cold Coca-Cola served through the courtesy and cooperation of the Coca-Cola Bottling Company, Inc., of Jasper, Jasper, Indiana and The Coca-Cola Company.

**37 CURTIS & FRENCH, INC.,  
Indianapolis 2**

Curtis & French, Inc. will show all new merchandise of interest to the professions.

Jack Curtis, Mac McCain, John Stouder, and Bill Wingler will be in attendance.



Booth	Company and Products
<b>30</b>	<b>DAIRY COUNCIL</b>  <div style="display: flex; justify-content: space-around;"> <div style="text-align: left;"> <b>South Bend</b>  <b>Evansville</b>  <b>Kokomo and Peru</b> </div> <div style="text-align: left;"> <b>Indianapolis</b>  <b>Fort Wayne</b> </div> </div>

The Dairy Council will have their health education materials on display. You will find these materials effective teaching devices to use with your patients. Dairy Council materials are free of charge in localities which have affiliated units of National Dairy Council.

**28-M DePUY MANUFACTURING CO., INC.,  
Warsaw, Indiana**

See representative samples of the complete DePuy line of splints and all types of fracture equipment. Included are those items that are of special interest to the doctor in general practice. These are the products that are featured in the new General Practice edition of our catalog. Be sure to reserve your copy.

**22-M DOHO CHEMICAL CORPORATION,  
New York 13, New York**

Karl Coleman

DOHO CHEMICAL CORPORATION is pleased to exhibit:

AURALGAN—Ear medication in Otitis Media and removal of Cerumen.

OTOSMOSAN—Effective, non-toxic Fungicidal and Bactericidal (gram negative—gram positive) in the suppurative and aural dermatomycotic ears.

RHINALGAN—Nasal decongestant free from systemic or circulatory effect and equally safe to use on infants as well as the aged.

NEW LARYLGAN—Soothing throat spray and gargle for infectious and non-infectious sore throat involvements.

Mallon Chemical Corporation, subsidiary of the Doho Chemical Corporation, is also featuring:

RECTALGAN—Liquid topical anesthesia, for relief of pain and discomfort in hemorrhoids, pruritus and perineal suturing.

DERMOPLAST—Aerosol freon propellant spray for fast relief of surface pain, itching, burns and abrasions. Also Obs. & Gyn. use.

**39-M ENCYCLOPEDIA AMERICANA,  
Grand Rapids 6, Michigan**

Armin Eastman, Lorraine Eastman

We will display our new 1957 edition of the ENCYCLOPEDIA AMERICANA which leading educators prefer and find superior to other reference works.

This year we are signally honored by the U. S. government in ordering more than 1,000 sets so that every Army, Naval, Air Base and major department will have one or more sets. You will receive a most cordial welcome at our booth, as we are very friendly people.

Booth	Company and Products
<b>37-M</b>	<b>FLINT, EATON &amp; COMPANY, Decatur, Illinois</b>

C. R. Kemp, Ph.D., M. J. Channer, R. F. Cloyd, E. R. Chandler

Flint, Eaton and Company features FERRO-LIP, a safe, well tolerated and effective form of chelated iron. Also featured is URONAMIDE for predictable, uncomplicated relief and recovery in urinary tract infections.

**30-M FREEMAN MANUFACTURING COMPANY,  
Sturgis, Michigan**

A. J. McNamara, G. F. Freeman

The Freeman line of Surgical Supports places particular emphasis on orthopaedic braces for use when conservative measures are indicated. Rigid control and almost complete immobilization of the sacral, lumbar and thoracic area is achieved through the use of splint-type construction in combination with the block and tackle effect of straps and buckles. Special designs and constructions are available for any purpose.

**43-M GEIGY PHARMACEUTICALS,  
Yonkers, New York**

**1 J. E. HANGER, INC., Indianapolis 2**

M. G. Manwaring, James M. Yount

J. E. Hanger Incorporated, America's oldest and largest manufacturer of prostheses, will present an outstanding display featuring the latest developments in the prosthetic field for both lower and upper extremity amputees. Of particular interest will be cosmetic restorations for facial disfigurements, leg deformities, and hand amputations. Experienced personnel will be available to discuss with the profession the needs of their patients and demonstrate the types best suited to the individual patient.

**19 HOFFMAN-La ROCHE, INC.,  
Nutley 10, New Jersey**

Roy Bryan, Marvin Drew, Rollie Bader

GANTRIMYCIN combines 333 mg Gantrisin and 75 mg oleandomycin for use in a wide variety of bacterial infections. Oleandomycin is a new antibiotic principally active against gram-positive microorganisms. It does not display cross resistance with most other antibiotics. Gantrisin is effective against both gram-positive and gram-negative pathogens. It is soluble in acid urine. No alkalization or forcing of fluids is needed.

LIPO GANTRISIN usually provides therapeutic antibacterial blood levels for 12 hours with a single dose. Just two doses a day are adequate in most infections. Each teaspoonful of Lipo Gantrisin contains one gram Gantrisin Acetyl, twice the concentration of most aqueous sulfonamide suspensions. Useful in respiratory, localized, systemic, and urinary tract infections, when due to susceptible microorganisms.

Booth	Company and Products	Booth	Company and Products
40-M	<b>INDIANA NATIONAL BANK, Indianapolis</b>  Cornelius O. Alig, Jr., George W. Eggleston Representatives of the Indiana National Bank will be on hand to discuss the trust services and the investment management facilities offered to Indiana physicians.	5-M	<b>LLOYD, DABNEY &amp; WESTERFIELD, INC., Cincinnati 9, Ohio</b>  Frank C. Tracy, Homer Redman, Donald Swiggett Lloyd, Dabney & Westerfield, Inc. extends a cordial invitation to each member to visit our booth at convenient convention lulls. Representatives will be glad to discuss the products being featured which represent unique approaches to solving or managing the problems involved, namely, Uripnex for control of urinary tract infections; Alu-Scop in the management of peptic ulcer; and Euphenex for aid in common cold control.
34	<b>KREMERS-URBAN CO., Milwaukee 1, Wisconsin</b>  A. M. Stromberg, Prosper Mollaun KREMERS-URBAN representatives will appreciate the opportunity of presenting the New Low Dosage forms of LEVSIN—most potent natural antispasmodic agent known—and MILKINOL, modern constipation correctant that solves the constipation problem for all age groups with none of the usual laxative disadvantages. Information also available on KUTAPRESSIN, in prevention of capillary hemorrhage—and SALIMEPH-C, dependable, safe, economical antiarthritic.	29-M	<b>MALTBIE LABORATORIES DIVISION, WALLACE &amp; TIERNAN INC., Belleville, New Jersey</b>  Donald R. Thorp, John V. Wise, Marshall Etherington You are invited to visit the Maltbie Laboratories exhibit featuring Cholan V for effective hydrocholeresis with superior spasmolysis in treatment of hepatobiliary disturbances accompanied by G. I. spasm, and Desenex for continuous night and day protection and treatment of athlete's foot. Maltbie Laboratories will introduce their new Nesacaine, the first local anesthetic more potent yet less toxic than procaine.
29	<b>LEDERLE LABORATORIES DIVISION, Pearl River, New York</b>  You are cordially invited to visit the Lederle Booth where our Medical Representatives will be in attendance to provide the latest information and literature available on our line. Featured will be Achromycin V, Diamox, Vitamins, Kynex and many other of our dependable quality products.	33-M	<b>THE S. E. MASSENGILL COMPANY, Bristol, Tennessee</b>  W. J. Barry, J. D. Knighton, W. P. Newman, E. L. Smith
35	<b>ELI LILLY AND COMPANY, Indianapolis 6, U. S. A.</b>  Harley Chastain, in charge; C. E. Mahon, Jack W. Hill You are cordially invited to visit the Lilly exhibit located in space number 35. The Lilly sales people in attendance welcome your questions about Lilly products and recent therapeutic developments.	41	<b>McNEIL LABORATORIES, INC., Philadelphia 32, Pennsylvania</b>  W. C. Dollens Members of the Indiana State Medical Association are cordially invited to attend our booth #41, Mr. W. C. Dollens in charge. Products to be featured are: Butibel, Butisol Sodium, Butiserpine, Clistin Expectorant, Flexin and Tylenol. Index cards for each of the above-mentioned products.
46	<b>J. B. LIPPINCOTT COMPANY, Philadelphia 5, Pennsylvania</b>	33	<b>MEAD JOHNSON &amp; COMPANY, Evansville 21, Indiana</b>  O. L. Miller, John Floren In the Mead Johnson booth, specially trained representatives will be ready to tell you about these product "families": (1) The Mead Johnson Formula Products Family—including ready-to-use Lactum and Olac for routine infant feeding, as well as Dextri-Maltose. (2) The Deca Vitamin Family—3 convenient dosage forms for comprehensive vitamin protection of infants and children. (3) The Colace family—providing a new approach in preventing and treating constipation by keeping stools soft for easy passage.
7	<b>LLOYD BROTHERS, INC., Cincinnati 3, Ohio</b>  Glenn Bunnell RONCOVITE, DOXINATE, and DOXINATE with DANTHRON, original products of Lloyd research, will be featured at this display. Lloyd representatives will present the latest clinical studies on Roncovite, the first true hematopoietic stimulant as well as the complete story of Doxinate, the new non-laxative method of preventing and treating constipation.		



**Booth                      Company and Products**

**14-M MEDCO PRODUCTS COMPANY,**  
Tulsa, Oklahoma

**43 MEDICAL PROTECTIVE COMPANY,**  
Fort Wayne

K. W. Moeller

MALPRACTICE PROPHYLAXIS . . . . In 1956 suits filed against Indiana Medical policy-holders of The Medical Protective Company were reduced 35 per cent below 1955 . . . over-all average loss per suit was reduced from \$1,757 to \$1,415 . . . . 80 per cent of our Indiana medical suits tried in 1956 were won. . . "Specialized Service makes our doctor safer."

**41-M MERRILL LYNCH, PIERCE, FENNER &  
42-M BEANE, Indianapolis 4**

John O. Mahrdrf, Harry F. McMurray, Jr., Roy C. Schroeder

NO CHARGE, NO OBLIGATION . . .

When it comes to investing, to this business of stocks and bonds, any help we can give you is yours for the asking.

Whether you want current facts about any particular stock before buying or selling . . . Whether you'd like us to draw up the best investment program we can for **your** funds and objectives . . .

Whether you'd like our Research Department to mail you a thoroughly objective analysis of your complete portfolio. . .

There's no charge, no obligation. And that's true whether you're a customer or not, whether you ever do business with us, or don't.

For the help you'd like, just drop in to see us at booths 41M and 42M.

**35-M MILES REPRODUCER COMPANY, INC.,**  
New York, N. Y.

Mrs. H. B. Kuhlik

Case histories, house calls, hospital rounds, lectures, conferences, group therapy, interviews, assembly panels, and dictation may now be recorded at a 60-foot radius with the amazing Walkie-Recordall, Briefcase-Conference-Recorder, a lightweight self-powered battery-recorder-transcriber. It operates in or out of the closed briefcase; in car, train, plane, while mobile or stationary. Records clearly in noisy places as interferences do not block recording. No installation or acoustical room conditions required. To adapt this Conference Recorder for dictation in noisy places, an optional built-in provision permits the exclusion of everything except the voice spoken or whispered close to the microphone. The Voice-Activated "Self-Start-Stop" optional feature automatically starts and stops the recording from microphone or telephone, thus eliminating supervision and the recording of silent periods. While facilities for transcribing are available, transcription may be eliminated due to ease of handling identifiable, compact, indexed recordings without rewinding. Up to 8 hours of permanent recordings may be accumulated at intervals on an endless belt costing 25 cents.

**Booth                      Company and Products**

**20-M MILEX ALPHA PRODUCTS, Evanston, Ill.**

Harry S. Stern, Sales Manager; Amos B. Phelps, State Representative

**36-M MILLER SURGICAL COMPANY,**  
Chicago 39, Illinois

William E. Mettler

MILLER SURGICAL COMPANY, Chicago, Ill. (Booth 36M)

See the Miller Electro Surgical Units and accessories such as Snares, Suction-Coagulation attachments, Forceps, etc. Also a complete line of Diagnostic equipment consisting of Illuminated Otoscope, Ophthalmoscope, Eyespud with Magnet, Transillumination Lamps, Mirror Headlite, Vaginal Speculum with Smoke Ejector and Gorsch Operating Scopes, and Stainless Steel Proctoscopes, all sizes with magnification will be on display.

**17-M MODERN DRUGS, INC., Indianapolis**

**5 BILL MOSS, INC., Bloomington, Indiana**

**36 MUTUAL MEDICAL INSURANCE, INC.**  
(Blue Shield Plan), Indianapolis

**14 ORGANON, INC., Orange, New Jersey**

**15-16 ORIGINAL CONTOUR CHAIR-LOUNGE,**  
Indianapolis 2

Elizabeth K. Bonheim, Norma L. Robertson

Not just a display, but a large comfortable lounge area on the main floor for rest and relaxation. Stop, sit down, and stretch out in a Contour Chair-Lounge the correct size to fit you; the chair that lets you relax. Chair-Lounges on display will be equipped with viviration, the feature that makes you relax. "Convention tension" disappears as you recline in the ultimate in ingenious design. Reflect upon the unlimited usefulness of this exclusive chair . . . in your private office for a moment's relaxation while phoning or dictating . . . or as an emergency "recovery room" for patients. In your home the Contour Chair-Lounge is adaptable to any decor through the graceful simplicity of its lines and the more than 100 coverings available.

For your chronically ill patient or in a prolonged rest regimen Contour offers a welcome change from enforced bed-rest without losing any of the advantages of bed-rest. For those who must refrain from all exercise, viviration may be employed as a possible circulatory and metabolic stimulus.

As has been our custom in previous years, in appreciation of your interest and recommendations, during the Annual Convention, October 7, 8 and 9, 1957, physicians will be allowed a liberal discount.

**Booth                      Company and Products**

**34-M ORTHO PHARMACEUTICAL CORPORATION,  
Raritan, New Jersey**

Walter R. Phillips, Richard L. Johnston, Tom Hanna, Patrick Flynn

ORTHO cordially invites you to booth 34M. Featured will be DELFEN Vaginal Cream, ORTHO'S most spermicidal contraceptive. DELFEN Vaginal Cream has a high concentration of a new, most potent, well-tolerated spermicide. Since the spermicide is in the water phase of an oil-in-water emulsion it rapidly invades seminal fluids, killing sperm on contact. It is emollient and nonirritating to vaginal tissues. ORTHO representatives, Messrs. Walter Phillips, Richard Johnston, Patrick Flynn, and Thomas Hanna, welcome this opportunity to discuss their products with you.

**31 PARKE, DAVIS & COMPANY,  
Detroit 32, Michigan**

B. S. Pearce, in charge; O. J. Quintin

Medical service members of our staff will be in attendance at our exhibit for consultation and discussion of various products of particular interest to members of the Association. Important specialties, such as Penicillin S-R, Benadryl, Chloromycetin, Ambodryl, Dilantin Suspension, Vitamins, Oxyeel, Milontin, Eldec, Amphedase, Thrombin Topical, etc., will be featured. You are cordially invited to visit our exhibit.

**13 PET MILK COMPANY, St. Louis, Missouri**

**44 PFIZER LABORATORIES,  
Brooklyn 6, New York**

Jerry Weber, William Creek, Milton Stamper  
The Pfizer exhibit spotlights its recent and original therapeutic concepts represented by SIGMAMYCIN, (brand of Oleandomycin) a combination of Matromycin and Tetracycline; and the newest advance in topical corticosteroid therapy, Magnacort and Neo-Magnacort, the first water soluble corticoid. Also featured are MODERIL, Pfizer's new alkaloid of rauwolfia; ATARAXOID, the first and only ataraxic-corticoid, as well as Bonamine and Sterane.

**40 PITMAN-MOORE COMPANY,  
Division of Allied Laboratories, Inc.,  
Indianapolis 6**

It is with genuine pleasure that we welcome you personally to the Pitman-Moore booth. Intromycin, a new agent for treatment of diarrhea, will be featured. Carob powder, one of the active ingredients of Intromycin, helps provide the speedy recovery for which this product has become so well known.

Novahistine, for relief of nasal congestion accompanying the common cold, allergic rhinitis, and acute or chronic sinusitis, will also highlight your interest.

**Booth                      Company and Products**

**38-M THE PURDUE FREDERICK COMPANY,  
New York 14, New York**

Wayne Snyder, Robert E. Neukom

The Purdue Frederick Company Representatives will exhibit and discuss Senokot, Senokap and Senokot with Psyllium.

Senokot is standardized sennosides, derived from senna pods. It is a true neuro peristaltic stimulant. In Senokap the sennoside principles are combined with dioctyl sodium sulfosuccinate (fecal softener) to afford timed stool softening and motion. Similarly, Senokot with Psyllium combines the sennosides with bulk for patients requiring bulk plus gentle motility.

There will also be shown Sippyplex, Pre-Mens and Colpotab.

**2 REX BUSINESS MACHINE COMPANY,  
Indianapolis**

**6 R. J. REYNOLDS TOBACCO COMPANY,  
Winston-Salem, North Carolina**

C. A. Burgess, B. H. Crawford, William Sigler  
Welcome to the R. J. Reynolds Tobacco Company Exhibit! You are cordially invited to receive a cigarette case (monogrammed with your initials) containing your choice of CAMEL, WINSTON Filter, Menthol Fresh SALEM, or CAVALIER King Size Cigarettes.

**18 RICKRICH SURGICAL SUPPLY COMPANY,  
Evansville 10, Indiana**

A cordial invitation is extended to all physicians to visit our display in Booth No. 18. Many new items will be shown.

George Carter, John Stephens and I. J. Rickrich will be there to greet you.

**10 A. H. ROBINS COMPANY, INC.,  
Richmond, Virginia**

D. W. Otoupal, in charge; E. A. Spangler, D. W. Rasico, W. J. Hasey

Physicians attending the meeting of the Indiana State Medical Association are extended a cordial invitation to visit the exhibit of the products of the A. H. Robins Company.

Experienced medical representatives will be in attendance to welcome you and answer inquiries relative to any of Robins prescription specialties.

**39 J. B. ROERIG AND COMPANY,  
New York 17, New York**

Victor Market, in charge; Les Nagley, Tom Sawyer

J. B. ROERIG AND COMPANY, booth # 39, will feature ATARAX, the new "Peace of Mind" drug. It's an all new chemical and is specially indicated for the "more normal" person, to bring relief from the common ev-



**Booth****Company and Products**

eryday tensions and anxieties. Co-featured with ATARAX will be BONADOXIN, the anti-emetic for relief of the nausea and vomiting of pregnancy; also effective in postanesthetic nausea and postradiation sickness. Literature and samples available to physicians at the booth which you and your friends are cordially invited to visit.

**8 ROSS LABORATORIES, Columbus 16, Ohio**

John Reed, District Manager; William Bolling, in charge; Don Turner

ROSS LABORATORIES: CURRENT CONCEPTS IN INFANT FEEDING, stressing the critical aspects of preventive care. Your Similac Representative will be happy to discuss the role of physiologic feeding in providing good growth, sound development, and optimum clinical benefits. Copies of the latest Ross Pediatric Research Conference Reports are available.

**45-M SANBORN COMPANY,**

**Waltham 54, Massachusetts**

David M. Beveridge, Branch Office Manager  
Visitors at the Sanborn Company Booth No. 45-M will have full opportunity to see and have demonstrated the outstanding new portable VISETTE (18-pound, transistorized ECG) together with the popular Model 51 Viso-Cardiette, as well as latest models of other instruments for cardiovascular (and other) diagnostic use.

In addition, there will be demonstrations and/or data available on all Sanborn research recording systems—direct-writing, photographic and tape; on supplementary oscilloscopes; and on physiologic transducers.

**12 SANDOZ PHARMACEUTICALS,  
Hanover, New Jersey****27 W. B. SAUNDERS COMPANY,  
Philadelphia 5, Penn.**

Gerald D. Miller

New Saunders titles of special interest to clinical physicians include: Levine: Heart Disease; Florey: Pathology; Mulholland: Current Surgical Management; Weiss & English: Psychomatic Medicine; and Rodriguez: Cardiac Surgery.

The Medical, Surgical, and Pediatric Clinics of North America are perpetually up to date.

**3 CLAYTON L. SCROGGINS ASSOCIATES,  
Cincinnati 19, Ohio**

Clayton L. Scroggins, Hubert G. Stiffler

Organized in 1945, Professional Business Management services limited to physicians, small hospitals, clinics and medical groups, has

**Booth****Company and Products**

been available for over twelve years in practically all sections of Indiana.

Clayton L. Scroggins Associates has a professional business management display in Booth No. 3 and they will be glad to discuss with you the business aspects of your practice and your individual business affairs. They render expert services for physicians in a confidential manner on tax returns, bookkeeping, office planning and layout, delinquent accounts, office routines, instructing personnel, fees, partnerships, counselling on investments and insurance. Their consultation on your affairs for any aspects of management is yours without obligation during your attendance here.

**32-M G. D. SEARLE & CO., Chicago, Illinois****24-25 E. R. SQUIBB & SONS, Division of  
Olin Mathieson Chemical Corporation,  
New York 22, New York**

E. R. Squibb & Sons has long been a leader in development of new therapeutic agents for prevention and treatment of disease. The results of our diligent research are available to the Medical Profession in new products or improvements in products already marketed.

At Booths 24 and 25, we are pleased to present up-to-date information on these advances for your consideration.

**45 THE STUART COMPANY, Chicago, Illinois****24-M TESTAGAR & CO., INC., Detroit 26, Michigan**

William R. Proctor, Robert H. Lacy

Testagar & Co., Inc. will introduce Q Capsules—Amodex. Each capsule contains four specially coated tablets, each designed to disintegrate at varied periods of time. The four specially coated tablets contain 15 mg. Dextro-Amphetamine hydrochloride and 60 mg. Amobarbital. Felsules, the original Chloral Hydrate capsule, will also be shown.

**38 U. S. STANDARD PRODUCTS CO.,  
Mount Prospect, Illinois**

William H. Snider, William K. Bass

U. S. Standard Products Co. will again feature its own ethical line of fine pharmaceuticals, plus "Americaine" and "Silcote".

Bill Snider and Ken Bass will be proud to explain our new products, and greet old and new friends.

**Booth****Company and Products****21 U. S. VITAMIN CORPORATION,  
New York 17, New York**

John Porter, Elmer Brugh

On display . . . **NEW** 3-dimensional BIVAM supplies biologically active whole water-soluble citrus bioflavonoid complex (as provided in C.V.P.) with multiple vitamins and minerals. Extends prophylaxis beyond usual dietary supplements in pregnancy and lactation . . . in medical, surgical and gynecologic practice . . . in geriatrics. Professional samples and literature distributed also on our complete line of nutritional and pharmaceutical specialties.

**44-M WALLACE LABORATORIES,  
New Brunswick, New Jersey**

**MILTOWN** A proven tranquilizer, MILTOWN relieves both anxiety and muscle tension. Its toxicity is low, side effects minimal and it is well suited for prolonged therapy.

**MILPREM** The combined action of MILTOWN plus conjugated estrogens (equine) provides both emotional and hormonal balance in the treatment of the menopause.

**MILPATH** The ataractic action of MILTOWN in combination with an anticholinergic agent effectively manages both the psychogenic element and somatic symptoms of organic and functional disorders of the gastrointestinal tract.

**31-M WARNER-CHILCOTT LABORATORIES,  
Morris Plains, New Jersey**

Lee G. Hadin, in charge; Frank Scott, Wayne Cumbee

Warner-Chilcott Laboratories feature Pacatal and Peritrate. Pacatal is a unique **new** phrenotropic agent which calms the patient without sedation. In depressed patients, Pacatal, unlike other ataractic agents, produces a decided euphorogenic effect. Peritrate Sustained Action is a new dosage form of the long-acting coronary vasodilator, Peritrate. For the first time the angina patient is provided with round-the-clock protection against attack.

**Booth****Company and Products****28 The WARREN-TEED PRODUCTS COMPANY,  
Columbus 8, Ohio**

The Warren-Teed Products Company is featuring four specialty products at their exhibit (Booth No. 28).

**MODANE TABLETS AND LIQUID**—A new nutritive de-constipant which provides gentle overnight relief and rehabilitates the impoverished bowel.

**ILOPAN**—A new injectable for the prevention and treatment of post-operative gas retention and immotility of the bowel. A safe peristaltic stimulant for intestinal atony and paralytic ileus.

**SOMNALERT CAPSULES**—A new rapid acting, short duration hypnotic. Sleep—without hangover, depression, confusion, or lack of mental acuity upon awakening.

**CAL-O-B TABLETS**—Soluble and assimilable calcium and mineral supplement for superior bone health in obstetrics, geriatrics, and orthopedics.

Courteous representatives welcome all registrants to visit this exhibit.

**15-M WYETH LABORATORIES,  
Philadelphia 1, Pennsylvania**

J. McLaren, in charge; E. W. Berrey, M. T. Clifton, B. E. Kitch

WYETH will feature:

**Phenergan® Hydrochloride** (promethazine hydrochloride, Wyeth), for better surgical and obstetrical management: relieves apprehension; produces light sleep, potentiates the action of central nervous system depressants, allowing reduced dosage; prevents and actively controls nausea and vomiting. Of value for the control of allergic conditions amenable to antihistaminic therapy; for the prevention of motion sickness. Available in injection, tablets and syrup forms.

**Pen.Vee.Oral®** (Penicillin V, Wyeth) tablets, the oral penicillin with injectable performance, is an acid-stable penicillin that resists destruction by acid in the stomach. Absorption from the duodenum is maximal, therefore, high blood levels are assured. For treatment and prophylaxis of infections caused by penicillin-susceptible organisms. Penicillin V is also available as the benzathine salt in **Pen.Vee.® Suspension** and **Pen.Vee Drops** (benzathine penicillin V) for pediatric use.



mg./ml.

700

600

500

400

300

100

75

50

25

pH

new

sulfonamide formula

for urinary tract infections

#### UNEXCELLED SOLUBILITY

optimal concentrations at site of infection; avoids crystalluria

#### BROAD ANTIBACTERIAL RANGE

active against wide range of urinary pathogens, including staphylococci, gonococci, Escherichia coli

#### QUICK SYMPTOMATIC RELIEF

hyoscyamus component quickly relieves pain and burning

#### FREEDOM FROM TOXIC EFFECTS

low degree of acetylation; no forcing of fluids or alkalization needed

# Uronamide

Each tablet or 5-cc. tsp. provides 250 mg. sulfamethylthiadiazole, 250 mg. sulfacetamide, and equiv. of 0.015 mg. alkaloids of Hyoscyamus niger.

**DOSAGE:** Adults—2 tablets or 2 tsp. q.i.d. first 2 days, thereafter, 1 tablet or 1 tsp. q.i.d.

**Children**—1 cc. (16 drops) syrup per 10 lb. body weight first 2 days, thereafter, 0.5 cc. (8 drops) per 10 lb. **SUPPLIED:** Tablets, bottles of 50 and 500. Syrup, 1-pt. and 1-gal. bottles.

**Flint**, EATON & COMPANY  
Decatur, Illinois

**TABLETS  
SYRUP**

SULFAMETHYLTHIA DIAZOLE

SULFISOXAZOLE

TRIPLE SULFA

GRAPH OF COMPARATIVE SOLUBILITIES

"Sulfamethylthiadiazole... effective chemotherapeutic agent in urinary infection... tolerated quite well... bacterial spectrum is comparable to that of sulfadimethine and sulfisoxazole."<sup>1</sup>

"[Sulfacetamide]... among the least toxic but one of the most effective of the sulfonamides against urinary tract pathogens."<sup>2</sup>

1. Hughes, J., et al.: *South. M. J.* 47:1082, 1954.  
2. Kerley, L., and Headlee, C. P.: *J. Am. Pharm. A. (Scient. Ed.)* 48:82, 1956

# What Kind of Help Does the Indiana Coroner Need?

CHARLES A. DAVIS\*

*Indianapolis*

*(This article is written as a response to the article "Does the Indiana Coroner Need Help?" by Dr. Edward B. Smith in the November 1956, Vol. 49, No. 11 issue of The JOURNAL of the Indiana State Medical Association.)*

DR. SMITH started his article with a case. That case was one in which I assisted a city police department, a county sheriff, a county coroner and investigators of the Indiana State Police Department. The case as given by Dr. Smith was from a letter which I wrote to Frances G. Lee. (The same Mrs. F. G. Lee who is known for her "Nutshell" studies of murder, etc. at Harvard Medical School's Department of Legal Medicine); I furnished a copy of the letter to Dr. Smith as a summary of the case for use in a clinico-pathologic conference. Dr. Smith's article seems to indicate that the case cited is one of a very few which are properly investigated. This is not true. The case is noteworthy only because of the fortuitous implication of the innocent husband.

Indiana is fortunate to have a remarkable amount of cooperation on the part of the city police, county sheriffs and state police department throughout the state. The investigative forces of city police, county sheriff and state police are available to the county coroners throughout the state. The most effective coroners are the ones who avail themselves of these enforcement agencies' services.

I do not pretend to know all the services offered by these enforcement agencies but I can enumerate some of the services which I personally have given coroners of Indiana as a member of the Indiana State Police: blood alcohol analy-

ses, blood identifications, species of origin identifications of dried blood, determinations of major blood group of dried blood stains, identifications of species of origin of tissue fragments, identifications of seminal stains, identifications of mutilated bodies, identifications of fragmentary human remains, identifications of skeletal remains, preliminary quantitative tests for carbon monoxide hemoglobin, hair identifications and comparisons, firearms investigations and identifications (ballistics)—all of these services are taken for granted by coroners in Indiana and requests for such examinations are routine.

## MANY FACTORS INVOLVED

To be sure these services seldom assist in the determination of the cause of death. That is where the coroner needs the most help. The cause of death is a vital part of the problem; even so, it is still only one part of the problem. When the cause of death is accurately determined, the information is of little value without the completion of other phases of the investigation. The whole problem is a very complex one.

Many people seem to think that the solution lies in making a requirement for all coroners to be M.D.'s. I do not agree with this line of thought. I have worked with coroners throughout Indiana as a state police officer for 15 years, and some of the most inadequate coroners I have encountered have been M.D.'s. Some of the best

### \* THE AUTHOR ADDS:

*"The ideas expressed in the article I am submitting are my own ideas and should in no way be construed to be the attitude or policy of the Indiana State Police Department.*

*"I have been a member of the Indiana State Police Department for 15 years; the last 10 years have been spent as Chief Technician of the Indiana State Police Laboratory. In this position, I have been intimately associated with coroners and their problems throughout the state."*



were M.D.'s, too. About half of our coroners are M.D.'s now; these men are coroners because they are genuinely interested in medico-legal problems, they feel a sense of responsibility because of specialized knowledge, or because in this county it is traditional for an M.D. to hold the office and it is his "turn". Suppose we force about 45 more M.D.'s to become coroners. What percentage of this group would have a genuine interest? What percentage would have the proper sense of responsibility? You can not legislate a good coroner.

The training of a general practitioner prepares him to treat the sick and injured and to prevent disease from attacking his patients. His primary concern is with living people. Should he be called away from living patients who need his attention to view a dead body? Does his long study prepare him for the investigative phase of the coroner's duties?—for the legal phase of the coroner's duties?—or even for the determination of cause of death?

The ideal coroner would be one who had about 10 years experience as a police officer in homicide investigation plus 10 years of experience as a *forensic* pathologist plus 10 years experience as a prosecuting attorney. Such individuals must be rare indeed.

Let us be practical. Our constitution provides for the coroner to be a representative of the people in his county. This gives local control over the investigation of deaths. That is proper. The coroner's office should be an administrative office rather than an investigative office. The coroner should direct the investigation by initiating and coordinating the efforts of the police investigators and the medical investigators and consult the prosecuting attorney concerning developments.

### SKILLED AID VITAL

Each coroner should have highly trained medical investigators — *forensic* pathologists — who can be called upon to study the medical aspects of the problem. He should have highly trained police investigators—police scientists—who can be called upon to handle the physical evidence. He should have *forensic* toxicologists for the poison and chemical problems. No one county could hope to employ the highly trained investigators necessary for proper investigation and evaluation of coroners' problems. A group of properly trained specialists maintained at a state

level and available to all coroners would be both practical and possible. The local control so essential to our type of government would be preserved, and yet the skills of highly specialized individuals would be at the command of the most rural communities.

This could be accomplished by establishing a State Department of Forensic Sciences composed of a section of forensic pathology, a section of forensic toxicology, a section of forensic serology, a section of forensic psychiatry, and a section of police science. This department would serve all the coroners of the state, supply teachers for the School of Medicine, School of Law, police training schools, Bar Associations, Coroners Association, Penal Institutions, the Courts of Law, and would be able to assist all police agencies of the state in technical investigative problems.

The police investigators from city police, county sheriffs and state police could collect and preserve physical evidence for police scientists' examination in most cases. It would be necessary for a *forensic* pathologist to make his investigation at the scene and to perform the autopsy. As

## ARTIFICIAL LIMB WEARERS

Honger Limbs are being successfully worn by amputees of all ages. David Confield, just 13 months (illustrated), is one

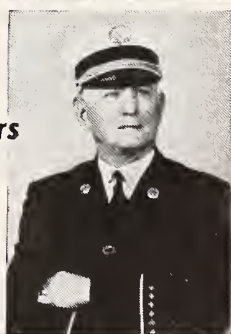
**Age: 13 Months**

of the many young children growing up on Hanger Legs. In contrast, Captain W. T. Traylor, over 75 (illustrated), now wears his fifth Hanger. He is a fire inspector who must cover continually hospitals, schools, sports events, etc., and be on his feet for hours at a time.

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**Age: 78 Years**

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county hospitals are increasing, the number of clinical pathologists in the state is also increasing. We now have a fine group of clinical pathologists in Indiana, and with a little additional training in forensic problems these men could cope with any problem that might confront them. When the coroner requested the service of a forensic pathologist from the Department of Forensic Sciences, the head of the section on forensic pathology would send the nearest available pathologist to assist him. These men would be paid for their services by the Department of Forensic Sciences. Reports by all investigators in the department would be furnished to the coroner, the investigating police agency, and the prosecutor. A copy of all reports would be sent to the Department headquarters where the reports would be reviewed, classified and filed. Think of the important information for training M.D.s, lawyers, police, and educators that could be accumulated! Proper processing of the information gleaned from the investigations, reports, photographic records, and techniques used would make available a library of information that could not

be duplicated in the world. Now, what information exists in Indiana on forensic techniques is scattered and recorded only in the minds of a few individuals.

The Department of Forensic Sciences should be a department to itself composed of sections integrated as a unit—not a part of the medical school, law school or a police department. The section heads should be appointed by a commission composed of the President of the Indiana Medical Association, President of the Indiana Bar Association, Commissioner of Mental Health and a police representative (President of Indiana Chiefs of Police Association, President of Indiana Sheriffs Association, or Superintendent of State Police).

Dr. Edward B. Smith, chairman of pathology, Indiana University School of Medicine has been appointed as chairman of a committee to study the need for a Department of Forensic Sciences in Indiana. This study committee was established by the last session of the legislature. All who have interests in this important field are urged to give their ideas to Dr. Smith.

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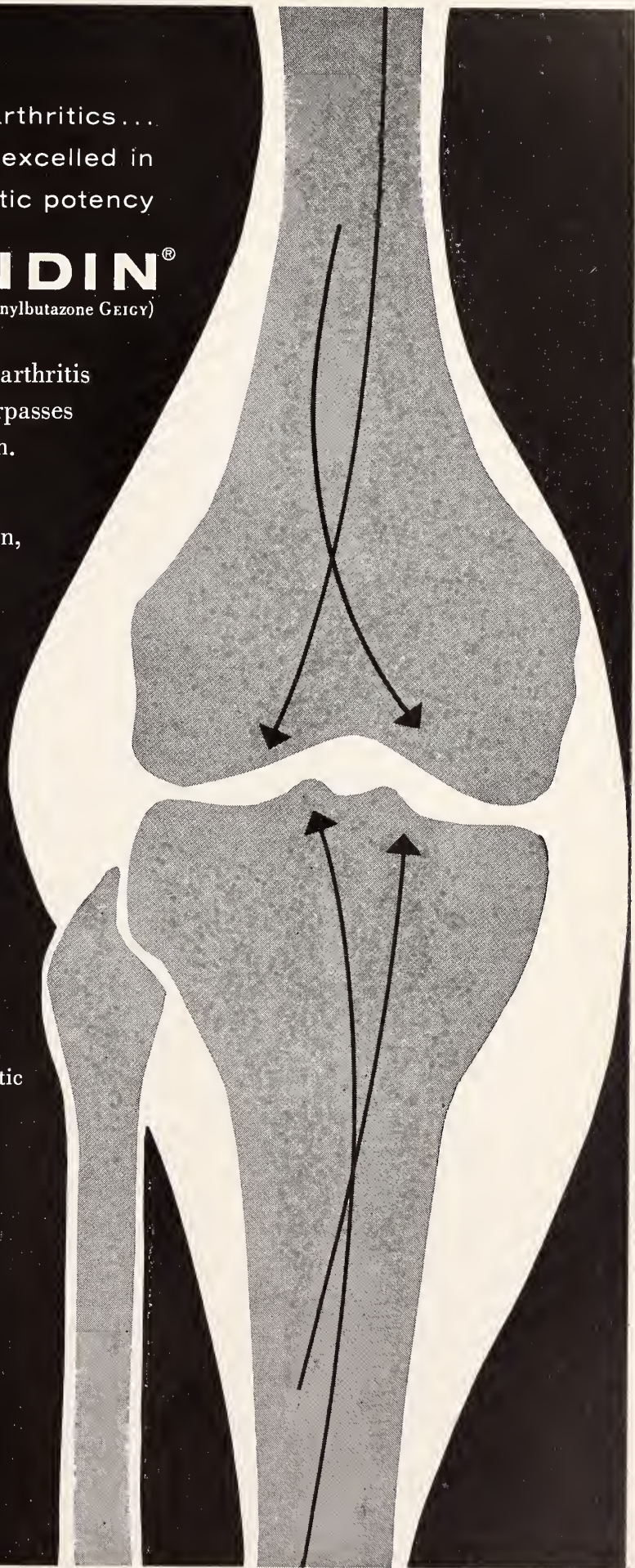
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# 1957-1958 Postgraduate Program at I.U. Medical Center Offers Additional Courses

THE OFFICE of the Director of Postgraduate Education for Indiana University School of Medicine has just released the schedule of postgraduate courses for the year disclosing a greatly expanded program, well-coordinated, and geared to the needs of Indiana physicians and medical scientists.

Recognizing the responsibility of the Medical School to bring advancements and changes in all fields of medicine to the attention of those in the health sciences, Dean John D. VanNuys and other officials of Indiana University recently named Dr. W. Donald Close to the newly created post of director of postgraduate education for the School of Medicine. Dr. Close, a member of the faculty for 18 years, has been working closely with department chairmen to develop a program both varied in subject material and flexible enough to meet new needs.

The Indiana University Medical Center campus with all its facilities will be used for the conferences, lectures and clinics. Housing and food service will be available for those taking the courses. Although designed to provide postgraduate education for Indiana physicians primarily, participation of physicians, medical specialists and scientists from surrounding states will be welcomed.

The expanded program is being developed with the support of the Indiana Foundation for Medical Education, however it is expected to be self-supporting from the moderate registration fees. Grants permit the university to offer some courses without fees.

The full schedule of postgraduate courses follows:

## ANATOMY—1

### EMBRYOLOGY FOR OTOLARYNGOLOGISTS

DATE: In the fall by arrangement, one time a week from 6-10 P.M. for 4 weeks.

This course consists of demonstrations of anatomical material and lectures on the embryology of the head as it pertains to otolaryngologists. The course is given by both clinicians and anatomists.

FEE: \$25.00 (1) A.A.G.P. No credit hours

### DISSECTION OF FEMALE ABDOMINO-PELVIS

DATE: In the fall by arrangement, Mondays & Tuesdays from 6-10 P.M. for eight weeks.

Students dissect the female abdomino-pelvis. There are conferences and demonstrations applicable to obstetricians. This course is given by both clinicians and anatomists.

FEE: \$125.00 (1) A.A.G.P. No credit hours

### DISSECTION OF MALE ABDOMINO-PELVIS

DATE: In the fall by arrangement, Wednesday & Thursday from 6:30-10:00 P.M. for eight weeks.

Students dissect the male abdomino-pelvis. There are conferences and demonstrations applicable to genitourinary and general surgeons. The course is given by both clinicians and anatomists.

FEE: \$125.00 (1) A.A.G.P. No credit hours

### DISSECTION OF UPPER EXTREMITY FOR ORTHOPEDIC SURGEONS

DATE: In the fall by arrangement, Thursdays from 6:00-10:00 for 15 weeks.

Students dissect the upper extremity. There are lectures, conferences and demonstrations applicable to orthopedic surgery of this area. This course is given by both clinicians and anatomists.

FEE: \$75.00 (1) A.A.G.P. No credit hours

### DISSECTION OF LOWER EXTREMITY FOR ORTHOPEDIC SURGEONS

DATE: In the winter by arrangement, Thursdays from 6:00-10:00 for 15 weeks.

Students dissect the lower extremity. There are lectures, conferences and demonstrations applicable to orthopedic surgery of this area. This course is given by both clinicians and anatomists.

FEE: \$75.00 (1) A.A.G.P. No credit hours

### DISSECTION OF SPINE FOR ORTHOPEDIC SURGEONS

DATE: In the spring by arrangement, Thursdays, from 6:00-10:00 P.M. for 15 weeks.

Students dissect the spine. There are lectures, conferences and demonstrations applicable to orthopedic surgery of this area. The course is given by both clinicians and anatomists.

FEE: \$75.00 (1) A.A.G.P. No credit hours



## ANESTHESIOLOGY—2

### MEDICAL TRAINEESHIP IN ANESTHESIOLOGY

DATE: Starting each Monday by arrangement.

This is a continuous medical traineeship which can be taken as a two, four or eight week course. Experience and training may be obtained in general, obstetrical or pediatric anesthesiology or any combination. It consists of clinical and didactic training in modern anesthesia with experience in the operating room. The student is under the direction and supervision of the full time staff.

FEE: \$100, \$150 or \$200      A.A.G.P. 40 credit hours  
per week

### WEEKLY SEMINAR OF GENERAL ANESTHESIOLOGY

DATE: Each Friday from 4-6 P.M. & 7-10 P.M.  
September through May.

This is a weekly seminar designed for specialists and generalists interested in anesthesiology. Papers are presented. There is a journal club with open forum, discussions and cases are presented. Full time use is made of films and other audio-visual aids.

FEE: see general      A.A.G.P. 5 credit hours  
information—Fee \$5.00 (2)

## CARDIOLOGY—3

(see also Radiology)

### CLINICAL CARDIOLOGY (INTERMITTENT)

DATE: Every Thursday throughout the year 9-5 P.M.

The course consists of case presentation of both in and out patients, ward walks, lectures, staff conferences and an electrocardiographic conference. Both routine and specific problems of diagnosis and therapy are covered.

Fee: \$10.00      A.A.G.P.

### CARDIAC ARRHYTHMIAS

DATE: September 23 & 24—Monday & Tuesday, 9-5 P.M.

Fundamentally a review of the electrocardiographic diagnosis of the common arrhythmias. The course will also cover a few of the more unusual types. While basically a course in electrocardiography, the discussions will include clinical aspects, including therapy.

FEE: \$20.00 (3)      A.A.G.P. 16 credit hours

### CARDIOLOGY (CONTINUOUS)

DATE: May 26 & 27, 9-5 P.M.

This course is designed to present modern diagnosis and therapeutic procedures and to give them an anatomic and physiologic background. Rheumatic heart disease and arteriosclerotic heart disease and congestive heart failure will be covered.

FEE: \$20.00 (3)      A.A.G.P. 16 credit hours

## ELECTROCARDIOGRAPHY (9th ANNUAL COURSE)

DATE: March 3, 4 & 5—Monday, Tuesday & Wednesday, 9-5 P.M.

A course reviewing basic concepts of electrocardiography and incorporating the unipolar and multiple chest leads and their interpretations. Although designed as a basic course, some preliminary knowledge of electrocardiography is highly desired.

FEE. \$30.00 (3)      A.A.G.P. 24 credit hours

## HEART SYMPOSIUM (7th ANNUAL)

DATE: Wednesday, Feb. 12, 1-5 P.M. & Thursday, Feb. 13, 9-5 P.M.

PART I —Relationship of emphysema and other chronic lung diseases and the heart.

PART II —The differential diagnosis of the hypertensive states and the relationship to therapy.

PART III—Intracerebral hemorrhage and its multiple causes and subarachnoid hemorrhage due to aneurysms and vascular malformations.

FEE: No fee      A.A.G.P. 16 credit hours

## GENITOURINARY—4

(see also Anatomy, Neurology and Pathology)

## GERONTOLOGY—5

### KIRKPATRICK MEMORIAL WORKSHOP (4th Annual)

DATE: February 27, 1958, afternoon & evening.

This workshop is concerned with the various physical, psychological, social and economic problems of aging which affect the individual older person as a whole, and which point up community needs and studies concerning the adjustment of the older person and society to one another. Local and visiting lecturers will lead the discussion. There will be an optional dinner between afternoon and evening sessions.

FEE: None      A.A.G.P. 5 credit hours

## MEDICINE—6

(see also Cardiology, Pathology and Radiology)

### PULMONARY FUNCTION, PULMONARY DISEASE

DATE: January 27 & 28—Monday & Tuesday, from 9-5 P.M.

This course will include evaluation of pulmonary function studies with discussion of their correlation with clinical pulmonary disease, including medical as well as surgical disease.

FEE: \$20.00 (3)      A.A.G.P. 16 credit hours

### DIABETES MELLITUS

DATE: Monday, April 9 from 1-5 P.M., & Tuesday, April 10 from 9-12 A.M.

Clinical aspects of diabetes mellitus in all phases with special attention to recent developments in the field,

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oral hypoglycemic agents, and the management of complications. Details of dietary management as well as the use of newer insulins will be covered. The treatment of renal, vascular and retinal complications will be presented, as well as the care of the pregnant diabetic patient.

FEE: \$10.00 (3) A.A.G.P. 8 credit hours

## HEMATOLOGY

DATE: Wednesday, May 14 from 1-5 P.M., & Thursday, May 15 from 9-12 A.M.

This course covers clinical features and newer concepts of therapy.

Part I—Iron deficiency, macrocytic and hemolytic anemias

Part II—Thrombocytopenic purpura, lymphomas and acute and chronic leukemias

FEE: \$10.00 (3) A.A.G.P. 8 credit hours

## CLINICAL HEMATOLOGY

DATE: Thursdays by arrangement for 12 weeks from 10:00 to 12:00.

This course meets each Thursday. Patients with routine and special disorders of the blood are studied and followed both as in-patients and out-patients.

FEE: \$30.00 A.A.G.P. 24 credit hours

## NEOPLASMS—7

(see also Pathology and Radiology)

### CANCER SYMPOSIUM (11th ANNUAL)

DATE: March 26, 1958.

Chemical and indirect surgical control of a variety of neoplasms will be discussed by nationally recognized authorities.

FEE: No fee A.A.G.P. 8 credit hours

## NEUROLOGY—8

(see also Cardiology, Ophthalmology, Pathology & Radiology)

## OBSTETRICS AND GYNECOLOGY—9

(see also Pathology)

### OBSTETRICAL AND GYNECOLOGIC THERAPY

DATE: Wednesday, March 12 from 1:00 to 5:00 P.M., and Thursday, March 13 from 9:00 to 5:00 P.M.

This two day course will cover the current concepts which are practiced in the diagnosis of treatment of common obstetrical and gynecological conditions.

FEE: \$20.00 (3) A.A.G.P. 14 credit hours

## OPHTHALMOLOGY—10

### OPHTHALMOLOGY—CLINICAL CONFERENCE

DATE: Every Wednesday the year around from 4-6 P.M.

This is a clinical conference given by Dr. Wilson for specialists. Case histories and problem cases with

the presentation of patients are studied and clinical application of diagnosis and therapy are covered.

FEE: None A.A.G.P. No credit hours

## BASIC AND CLINICAL OPHTHALMOLOGY

DATE: From 4-6 P.M. the year around.

This is a continuous Postgraduate institutional course on the basic ophthalmologic subjects by various departmental members and guest lecturers given the year around, Monday through Friday from 4-6 P.M. It is a course designed for specialists. Included in this course are monthly schedules on glaucoma, histopathology, anatomy, biomicroscopy, motility, optics, refractions and allied subjects.

Fee: None A.A.G.P. No credit hours

## NEURO-OPHTHALMOLOGY

DATE: Each Tuesday, October through May—4-6 P.M.

This is a course for specialists covering all the phases of neuro-ophthalmology.

FEE: None A.A.G.P. No credit hours

## OPHTHALMOLOGY THERAPY

DATE: May 28 and 29, 1958.

Conference on ophthalmic therapy for specialists. A two day therapeutic conference with emphasis on recent developments. Guest speakers and members of the departmental staff will present material from the standpoints of both pharmacologic and disease categories.

FEE: \$35.00 A.A.G.P. No credit hours

## ORTHOPEDICS—11

(see also Anatomy, Pathology and Radiology)

### FRACTURES

DATE: Tuesday, April 15 from 9:00 to 5:00 P.M.

A course emphasizing modern concepts in the diagnosis and proper management of common fractures encountered in general practice.

FEE: \$10.00 (3) A.A.G.P. 8 credit hours

## OTOLARYNGOLOGY—12

(see also Anatomy and Radiology)

### ANATOMICAL AND CLINICAL OTOLARYNGOLOGY (43rd ANNUAL)

DATE: Monday, March 24 through April 5, 1958.

This is primarily an intensive course in anatomy of the head and neck with emphasis on surgical anatomy of this region. Sixteen hours will be devoted to histopathology of otolaryngology. Lectures and demonstrations are designed to review basic principles and to present recent advances in otolaryngology and bronchoesophagology. The course is offered to physicians specializing in ear, nose and throat (eye) and residents in training in this speciality. The class is limited to 24 members. It is presented by the Medical Faculty of the University including anatomists, clinicians and pathologists.

FEE: \$250.00 (1) (4) A.A.G.P. None

## **PATHOLOGY—13**

### **NON-TRAUMATIC BONE DISEASE AND FRACTURES**

DATE: Each Monday, 4:30 to 6:00 P.M. from Nov. 4 to Feb. 17. (no session December 23 & 30)

This course is designed for orthopedic surgeons and pathologists, however, any physicians interested in the subject are eligible for registration.

FEE: \$50.00 (1) A.A.G.P. 21 credit hours

### **NEUROPATHOLOGY**

DATE: By arrangement.

This is a conference on autopsy material including gross and microscopic sections. It is designed for neurologists, neurosurgeons, psychiatrists and pathologists and is given in cooperation with these departments.

FEE: Arranged A.A.G.P. No credit hours

### **MICROSCOPIC AND GROSS SURGICAL PATHOLOGY**

DATE: Each Wednesday from 4:00 to 5:00 P.M. throughout the year.

This course is primarily designed for general surgeons and pathologists but any physician interested in the subject is eligible for registration. Both gross and microscopic phases of general pathology are covered with special attention to recent cases which are correlated with case histories. It is given in cooperation between the Department of Clinical Pathology and the Department of Surgery.

FEE: \$5.00 (2) A.A.G.P. 1 credit hour per session

### **GROSS AUTOPSY CONFERENCE**

DATE: Each Thursday, 12:30 to 2:30 throughout the year.

This is a conference between the Pathology Department, Medicine Department and Department of Radiology in which recent gross autopsy material is studied. The pathologic material is correlated with clinical roentgenological features.

FEE: \$5.00 (2) A.A.G.P. 2 credit hours per session

### **CLINICAL PATHOLOGICAL CONFERENCES**

DATE: Each Friday from 12:00 to 1:00 all year around.

This is a clinical pathological conference given by the Department of Pathology and Medicine. It is, however, attended by members of all departments of the School who engage in open discussion as all types of cases are presented.

FEE: \$5.00 (2) A.A.G.P. 1 credit hour per session

### **SURGICAL PATHOLOGY FOR OBSTETRICIANS AND GYNECOLOGISTS**

DATE: Each Wednesday from 11:00 to 12:00 throughout the year.

This course is designed for obstetricians, gynecologists and pathologists, but any physician interested

in this subject is eligible for enrollment. Gross and microscopic surgical pathology of the diseases of the female abdomino-pelvis are studied. It is given in cooperation between the Departments of Clinical Pathology and Departments of Obstetrics and Gynecology.

FEE: \$5.00 A.A.G.P. 1 credit hour per session

### **AUTOPSY AND SURGICAL MATERIAL**

DATE: Each Saturday 11:00 to 12:00 throughout the year.

This is a conference between the Pathology Dept. and Surgical Dept., primarily designed for general surgeons and pathologists. Any physician, however, interested in the subject is eligible for registration. Microscopic material from recent autopsies and recent surgical material are studied along with clinical histories.

FEE: \$5.00 (2) A.A.G.P. 1 credit hour per session

## **PEDIATRICS—14**

(see also Radiology and Surgery)

### **PEDIATRICS**

DATE: December 18 from 9:00 A.M. to 5:00 P.M.

The course will be concerned with difficulties during the early neonatal period. Attention will be given to prenatal factors and to the physiological adjustments to extra-uterine life. Particular emphasis will be given to difficulties in respiration, with consideration of the causes of asphyxia and the methods of treatment. There will be a discussion of the early care of normal full term and premature infants.

The recognition of common birth injuries and congenital anomalies will be discussed. The management of hemolytic disease and other neonatal blood disorders will be presented. Common lesions of the central nervous system and of the circulatory system will be reviewed.

FEE: \$10.00 (3) A.A.G.P. 8 credit hours

## **PSYCHIATRY—15**

(see also Neurology)

### **PSYCHIATRIC PROBLEMS OF MEDICAL PRACTICE**

DATE: November 14, 1957 (Thursday) from 9:00 to 5:00 P.M.

This course will outline modes of applying sound psychiatric knowledge and principles to the everyday practical conduct of office history taking, will review basic principles and techniques involved in recognizing and managing serious emotional disturbances of childhood and adult life and will focus particularly on the general office management of psychosomatic disorders. There will be a brief description of available community facilities for the specialized treatment of the mentally disturbed and finally, a summary of recent

*Continued*



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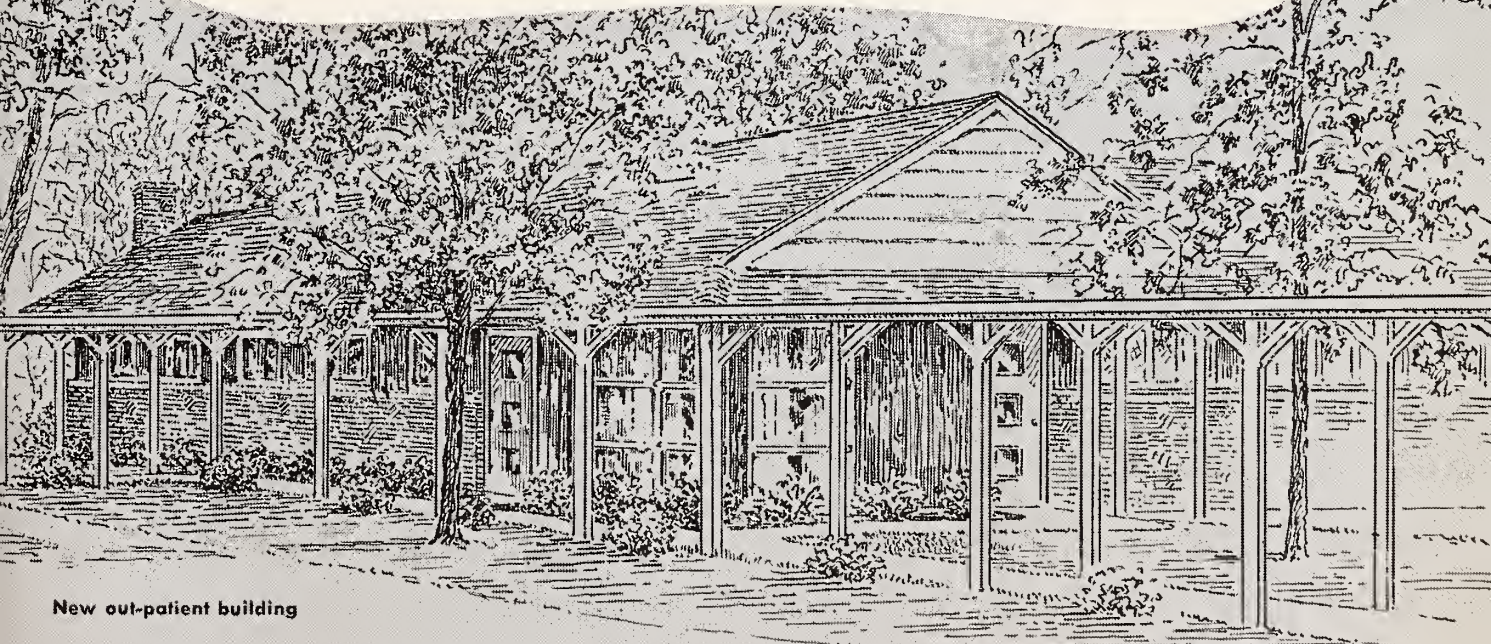
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HENRY GRUENER, M.D. . . . Physician in Residence

ISABELLE DAULTON, R.N. . . . Director of Nursing

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**RADIOLOGY—16**

**GENERAL RADIATION PHYSICS**

DATE: Every Wednesday from 5-6 P.M., October 2, 1957 through February 26, 1958.  
This is a course for all students and practitioners of diagnostic or therapeutic radiology. It offers comprehensive coverage of the fundamentals and advanced physics of this field. While designed primarily for radiologists, other physicians who use radiation are eligible for registration in the course. This course meets the requirements of the Physics and Nuclear Medical sections of the American Board of Radiology.  
FEE: \$100.00 (3)                      A.A.G.P.      20 credit hours

**GENITOURINARY RADIOLOGY**

DATE: Each Thursday from 5-6 P.M., October 3, 1957 through October 31, 1957.  
This course is designed for radiologists, urologists and all physicians interested in disease of the genitourinary tract. It covers the general application of diagnosis of urological disease by x-ray methods. It is given by the Department of Radiology in cooperation with the Department of Genitourinary surgery.  
FEE: \$25.00 (3)                      A.A.G.P.      5 credit hours

**RADIATION THERAPY, TREATMENT BY X-RAY, RADIUM AND SOME ISOTOPES**  
DATE: Each Thursday from 5-6 P.M., October 7, 1957 through May 26, 1958.  
This course is designed for radiologists treating patients and all other physicians having patients treated by radiation therapy. The course comprehensively covers the radiation treatment of cancer and allied diseases. Therapy by the use of x-ray, radium and some isotopes are discussed from the standpoint of indications, contraindications and management of the patient.  
FEE: \$5.00 (2) (3) A.A.G.P. 1 credit hour per session

**NON-TRAUMATIC ORTHOPEDIC RADIOLOGY**  
DATE: Every Thursday from 4-5 P.M., November 7 through December 26, 1957.  
This course is designed for orthopedic surgeons and radiologists, however, other physicians having an interest in this field are eligible. It does not cover traumatic disease but does cover the radiologic features of the non-traumatic acquired and congenital abnormalities of bone.  
FEE: \$40.00 (3)                      A.A.G.P.      8 credit hours

**DIAGNOSTIC FEATURES OF ACQUIRED AND CONGENITAL HEART DISEASE**  
DATE: Each Thursday from 4-5 P.M., January 2, 1958, to January 30, 1958.  
This course is designed for radiologists and for all

physicians treating heart disease in adults or children. It covers the diagnostic features of plain films, fluoroscopy and angiographic procedures in acquired and congenital heart disease.  
FEE: \$25.00 (3)                      A.A.G.P.      5 credit hours

**RADIOLOGY OF ACUTE ABDOMEN**

DATE: Each Thursday from 4-5 P.M., February 6, 1958, through February 27, 1958.  
This course is designed for radiologists, surgeons and all physicians interested in diagnosis of an acute abdomen. It covers the practical application of radiology to the diagnosis of abdominal disease.  
FEE: \$25.00 (3)                      A.A.G.P.      4 credit hours

**GENERAL DIAGNOSTIC RADIOLOGY OF DISEASES OF EAR, NOSE AND THROAT**

DATE: Monday, March 31, 1958, through Friday, April 4, 1958.  
This is a course designed for radiologists. It covers general diagnostic use of radiology in the field of otolaryngologists. It is given by the Department of Radiology with cooperation of the Department of Otolaryngology and Anatomy.  
FEE: \$25.00 (3)                      A.A.G.P.      No credit hours

**CLINICAL USE OF RADIOISOTOPES**

DATE: Daily from 9-5 P.M., April 7 through April 19, 1958.  
This course is offered to all physicians interested in the field of radioisotopes. Previous knowledge of basic radiation physics is recommended but not required.  
In this course there are lectures, laboratory demonstrations, clinical methodology and evaluations as well as laboratory participation by the students. It covers the diagnostic and therapeutic use of the principle medical isotopes.

This course may be used toward AEC certification if the student fulfills the required amount of clinical work with the various isotopes. A University certificate is also granted to those who satisfactorily complete this participation.  
FEE: \$200.00                      A.A.G.P.      No credit hours

**DIAGNOSTIC NEURORADIOLOGY**

DATE: Each Thursday from 4-5 P.M., May 1 through May 29, 1958.  
This course is designed for radiologists and neurosurgeons. It covers the diagnostic use of radiology in diseases of the central nervous system. It covers the features of plain films and special techniques. It is given by the Department of Radiology with the cooperation of the Department of Neurology and Neurosurgery.  
FEE: \$25.00 (3)                      A.A.G.P.      No credit hours



## SURGERY—17

(see also Anatomy, Pathology and Radiology)

### SURGERY OF CONGENITAL ANOMALIES OF G. I. TRACT

DATE: Thursday, December 19, from 9-5 P.M.

This course will cover the congenital anomalies involving the gastrointestinal tract, including esophageal stenosis and atresia, tracheo-esophageal fistula, diaphragmatic hernia, pyloric stenosis, stenosis and atresia of the small intestine, imperforate anus, megalocolon, annular pancreas, duplications, intussusceptions, Meckel's diverticulum, urechal difficulties and anomalies of the anterior abdominal wall.

FEE: \$10.00 (3) A.A.G.P. 8 credit hours

#### KEY TO FOOTNOTES FOR FEES

- (1) Complimentary enrollment to IUMC residents.
- (2) Per session only if credit is desired.
- (3) IUMC residents, interns and faculty members listed in the Medical School Catalogue are entitled to registration without fee.

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# A.M.A. Announces Two Major Changes in Administrative Setup

**T**HE AMERICAN MEDICAL ASSOCIATION has announced two important changes in its administrative setup.

The Board of Trustees elevated Dr. George F. Lull of 942 Lake Shore Drive, Chicago, who has been secretary-general manager of the Association for 11 years, to the newly-created position of assistant to the president of the A.M.A. He will continue serving as secretary, which is an elective office.

At the same time, the Board announced the appointment of Dr. F. J. L. Blasingame of Wharton, Texas, to the position of general manager of the American Medical Association. He will take over his new duties on January 1, 1958.

Dr. Blasingame, who is 50, has been active in medical affairs, both at the state and national level, for many years. When the A.M.A. House of Delegates elected him as a member of the Board of Trustees in 1949 he was one of the youngest physicians ever chosen. Since then, he has held many important A.M.A. committee appointments.

He served as president of the Texas State Medical Association in 1955.

Teaching and medical education have always been close to his heart. After graduating from the University of Texas Medical School at Galveston in 1928, he spent three years as a teacher on the medical school staff. Ever since then he has maintained a teaching connection at the University of Texas.

## DR. LULL TO ASSIST PRESIDENT

In his new job, Dr. Lull will relieve the president of the Association of many of the burdens of this office, which have become especially heavy in the last few years.

Dr. Lull will serve as spokesman, troubleshooter, listening post, information center and as an ambassador of the medical profession in cities and towns throughout the country. His

experience is invaluable, and it will be applied in solving medical problems at the state and local level, as well as nationally.

Dr. Lull, who is 70, joined the A.M.A. staff after serving 34 years in the Army. He entered the Army in 1912 as first lieutenant, emerging as major general of the Army Medical Corps. His last position before retirement was deputy surgeon general of the Army.

Dr. Lull received many honors in connection with his Army service during both World Wars, including the Distinguished Service Medal. In 1951, the Cuban government gave him its highest honor—the Order of Carlos Findlay—for his humanitarian work in the field of medicine.

## DR. BLASINGAME TO MOVE TO CHICAGO

In discussing his new post, Dr. Blasingame said that he will leave his private practice which he has carried on in the same location for 20 years, and will move his family to Chicago, where the A.M.A. headquarters office is located, as soon as possible.

Dr. Blasingame has five children—three daughters, 22, 20 and 13, and two sons, 17 and 10.

His 20-year-old daughter, Betty, will soon enter the University of Texas Medical School; his 17-year-old son, John Chester, is a pre-medical student at the University of Texas in Austin.

Dr. Blasingame has long been active in civic affairs, not only in his home town but throughout Texas.

He is president of Blue Cross-Blue Shield Plans of Texas; he is chairman of the Board of Trustees of Wharton County Junior College, and he is also chairman of the medical advisory board of Sears, Roebuck Foundation, which encourages young doctors to create new medical facilities where they are needed.

Dr. Blasingame's many activities took him



away from home 128 days last year, and he travelled more than 60,000 miles, mostly by air.

Physicians who know him well say that he possesses a preciseness of manner and a diplomatic polish that complement each other in both his role as a practicing physician and as a spokesman for his colleagues in state, national and international groups. He has represented the A.M.A. at several world conferences of the World Medical Association abroad.

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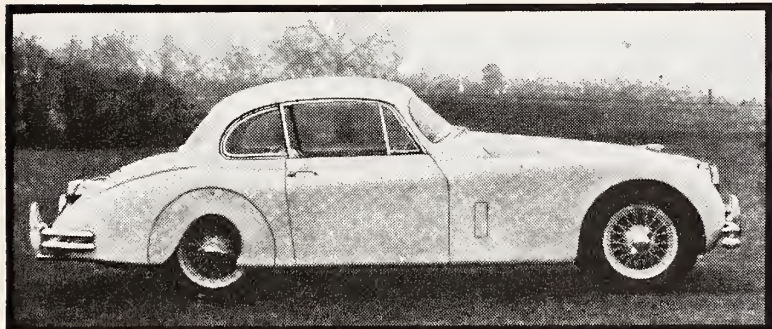
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# 1957 INSTRUCTIONAL COURSES

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The complete schedule of classes for the 1957 Instructional Courses, offered as a special feature of the Annual Convention of the Indiana State Medical Association at French Lick, is published below. Classes will be held on Monday and Tuesday, October 7 and 8, 1957. The Indiana Academy of General Practice will give its members approval for Category No. 1 Credit. Admission to each class will be by ticket. Classes are limited to 50 physicians. The cost is \$1.00 per class, with a maximum charge of \$3.50 for four or more classes. Plan your course to include five classes, and indicate second choices. Enclose your check made payable to the Indiana State Medical Association. Order now—classes are filled early!

## INSTRUCTIONAL COURSE SCHEDULE

MONDAY, OCTOBER 7, 1957						
Time	COURSE 1	COURSE 2	COURSE 3	COURSE 4	COURSE 5	COURSE 6
9:00 to 10:00	Rh Problems in Obstetrics C. O. McCormick, Jr. Indianapolis Roost Room	Rehabilitation of the Emotionally Disturbed Patient S. T. Ginsberg Indianapolis TV Room	Ultrasonic Therapy and Physical Medicine as Office Procedures Fred W. Brown Demon's Den	Differential Diagnosis of Jaundice and Surgical Therapy A. Ricks Madson Indianapolis Room 107, Main Floor	Anesthesia Emergencies in the County Hospital V. K. Stoelting Indianapolis Monon Room	Drug Rashes and Common Skin Disorders J. C. Slaughter Evansville Mural Room
10:00 to 11:00	Rh Problems in Pediatrics (Erythroblastosis Fetalis) Wm. R. Chatin Indianapolis TV Room	Newer Aspects of Post-Partum Care Lewis W. Knight Fort Wayne Roost Room	Estate Planning and Investments Mr. Robert Myers Indianapolis Demon's Den	COURSE 10 Tobacco and Lung Cancer J. Stanley Battersby Indianapolis Mural Room	COURSE 11 Impotence and Frigidity Pierce MacKenzie Evansville Monon Room	COURSE 12 Steroid Therapy and Its Abuses James V. White Terre Haute Room 107, Main Floor
11:00 to 12:00	Infant Feeding Problems and Nutrition Philip W. Hedrick Indianapolis TV Room	Office Gynecology Robert P. Knowles Indianapolis Mural Room	Office Management and Tax Problems Mr. Eugene P. Cornett Indianapolis Room 107, Main Floor	COURSE 16 Treatment of Coronary Heart Disease Morris E. Thomas Indianapolis Roost Room	COURSE 17 The Orthoped Looks at the Feet Robert N. Kabel Terre Haute Demon's Den	COURSE 18 Management of the Obese Patient Philip W. Rothrock Lafayette Monon Room
TUESDAY, OCTOBER 8, 1957						
	COURSE 19	COURSE 20	COURSE 21	COURSE 22	COURSE 23	COURSE 24
8:00 to 9:00	Electrolytes and Their Intravenous Uses W. D. Snively, Jr. Evansville TV Room	Obstetrical Emergencies Lawson J. Clark Indianapolis Roost Room	Early Recognition of Psychiatric Disorders Robert Bill Indianapolis Monon Room	Some Emotional Factors in Common Medical Disorders James S. Browning Indianapolis Mural Room	Painful Shoulder and Upper Arm Problems John B. White, Jr. Indianapolis Demon's Den	Myasthenia Gravis Joseph E. Tether Indianapolis Room 107, Main Floor
9:00 to 10:00	The Problem Child Gordon T. Brown Indianapolis TV Room	Office Proctology Eugene F. Senseny Fort Wayne Roost Room	Observation and Treatment of Viral Epidemics (Asiatic Influenza) Albert L. Marshall, Jr. Indianapolis Monon Room	Oral Diabetic Therapy George T. Lukemeyer Indianapolis Mural Room	COURSE 29 Hypertensive Heart Disease Stephen L. Johnson Evansville Demon's Den	COURSE 30 The Deaf Child and Common Impairments in Hearing J. William Wright, Jr. Indianapolis Room 107, Main Floor

# APPLICATION BLANK

Instructional Course Committee  
 Indiana State Medical Association  
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 Indianapolis 4, Indiana

Enclosed find check for \$..... Please reserve tickets for the following Instructional Courses:

MONDAY, OCTOBER 7, 1957

First choice.....	9:00 a.m. No.:	10:00 a.m. No.:	11:00 a.m. No.:
Second choice.....	9:00 a.m. No.:	10:00 a.m. No.:	11:00 a.m. No.:

TUESDAY, OCTOBER 8, 1957

First choice.....	8:00 a.m. No.:	9:00 a.m. No.:
Second choice.....	8:00 a.m. No.:	9:00 a.m. No.:

(Please insert course numbers plainly)

I will pick up my tickets at the Registration Desk at the convention.

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# Fifty Years Ago . . .

*J*UST FINISHED READING the entire Society Proceedings of the annual convention of the Indiana State Medical Association held 50 years ago. Condensed into a little more than 10 pages, all business of the Association was reported.

— 50 —

That was the 59th annual session . . . there were 2,455 members and 312 physicians attended the two-day meeting.

Two general meetings were held . . . physicians were divided into two major groups, surgical and medical. The surgical section held three separate meetings during the two days, the medical group met four times. The House of Delegates met twice. Thirty-eight physicians appeared to present scientific papers. Others were read only by title because of the extreme heat.

— 50 —

The Treasurer's report showed receipts of \$2,767.18 and expenditures of \$2,246.31. Acting in the dual role of Treasurer and Editor of The JOURNAL was Dr. Albert E. Bulson, Fort Wayne. His report shows no paid employees . . . an honorarium and incidental expenses of \$313.00 to the Secretary, an honorarium of \$100 to the Chairman of the Committee on Publications, expenses and an honorarium of \$13.72 to the Chairman of the Committee on Necrology, expenses to the Councilors of \$142.33. Other funds went for supplies, printing and express

charges and \$120 to a stenographer for reporting the 1907 meeting.

— 50 —

As Secretary, Dr. Heath reported as follows:

*Mr. President and Members of the House of Delegates:*

Your Secretary begs leave to present the following report:

The paid membership to date for 1908 is 2,455, at least 250 more than was ever reported at an annual session. About 150 members have failed to pay their dues prior to the annual session. We expect that the year will show a gain of several hundred. Benton, Crawford, Franklin, Newton, and Starke Counties have been reorganized so that we now have organizations in every county of the State except Brown, Jasper, and Ohio, and doctors from each of these counties belong to societies in adjoining counties. The new JOURNAL, and the A.M.A. organizers now working in Indiana, are to be large factors in increasing the membership. In a few counties the number of delinquents is still large, early payment of dues being contrary to custom and therefore difficult.

Respectfully, submitted,  
F. C. Heath, Sec.

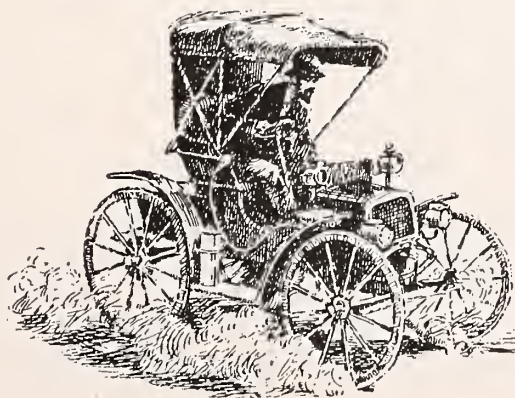
Approved: W. H. Stemm  
G. W. H. Kemper  
Auditing Committee

— 50 —

In addition to these two officers' reports, The Council and each District Councilor reported, reports were published by the Committees on Medical Education, Inebriety, and Tuberculosis.

— 50 —

Among registrants we notice these names . . . H. G. Weiss, Evansville (he'll serve this year as chairman for the Fifty Year Club reception) . . . Jane Ketcham, Indianapolis; R. E. Baker, Orleans; Goethe Link, Indianapolis; Claude Dollens, Oolitic (then at Avoca); and C. N. Combs, Terre Haute . . . and we hope each of them will be able to make the trip to French Lick this year.



It was in the September issue, 50 years ago, that Commerical Announcements appeared for the first time in The JOURNAL.

— 50 —

Scientific papers were on Raynaud's Disease: With Report of a Case; The Management of Normal Labor; Toxemia of Pregnancy; Puerperal Infection; and Six Hundred Cases of Labor in Private Practice.

— 50 —

Indiana University School of Medicine issued a statement to every physician in Indiana announcing the advantages offered by the State College Hospital at Indianapolis for the free treatment of indigent patients. Editorially, The JOURNAL said "No medical school can be counted a successful institution from an educational standpoint unless it affords its students an abundance and variety of clinical material" . . . and then warns of the dangers of free clinics, the abuses that may occur, and concludes with the assertion university authorities have determined a course of action in keeping with the high aims and objects of the medical department, that the indigent are deserving of charity, and no physician should hesitate to refer such patients to the free clinic.

— 50 —

Dr. Charles R. Bird, Greensburg (now of Indianapolis) asked in a letter to the Editor: "In the strenuousness of the time have we not

lost sight of some of the common civilities? Why does not the surgeon take occasion to keep the practitioner informed as to the progress his patient, whom he has kindly referred for operation, is making?"

— 50 —

Abstracts from Current Medical Literature: "The signs of the times point to a rapid change in the status and work of the medical man. To-day the people are becoming so educated that they are realizing the difference between the man who knows and the one who tries to look wise . . . There is no longer excuse for permitting any but the thoroughly trained to enter the profession, and those already in must keep up with the advances in the science of medicine" . . . "105 physicians went to the Ohio state convention as delegates of one political party, and influenced the convention to declare in favor of a national department of health."

— 50 —

The Medical Fortnightly answers a plea for an ink that will fade about the time a prescription is gone . . . it seems frequent and unauthorized refilling of prescriptions has occurred. The formula is: Iodin, 0.35; potassium iodid, 0.35; mucil, acacia, 8.00; aqua ad. oz. 60.00. Dissolve the potassium iodid in one dram of water, add the iodine, and when it is dissolved add more water and the mucilage. Use the ink on glazed paper. The writing disappears in about four days.

—j.s.g.



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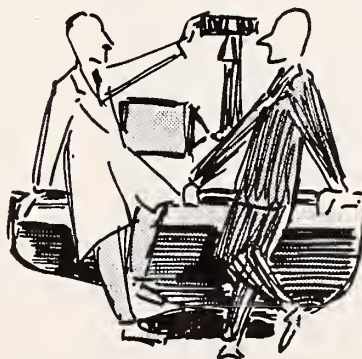
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# Deaths . . .

David C. Bottorff, M.D., 50, died July 22 in his Charlestown home following several years illness. He had been in practice in Charlestown since 1936.

Dr. Bottorff was a graduate of Hanover College and received his medical degree from the University of Louisville School of Medicine in 1934.

He was a member of the Clark County Medical Society, the Indiana State and American Medical Associations.

Survivors include his father, Dr. Charles M. Bottorff, Charlestown, a retired physician and druggist.

Fred L. Hosman, M.D., 80, retired Indianapolis physician and surgeon, died August 5 in

the West 10th Street Veterans Administration Hospital, Indianapolis. He had been in practice for 56 years and was a Fifty Year Club member of the Indiana State Medical Association.

Dr. Hosman received his medical degree from the University of Medicine, Indianapolis, in 1898. He practiced for a brief time in West Virginia before opening his Indianapolis office.

During World War I he served in the Army Medical Corps and held the rank of colonel in the Reserve Corps. He was a past district commander of the Military Surgeons Reserve Association.

Dr. Hosman was also a member of the National Eclectic Medical Association and had been president and secretary of that group's state association. He held membership in lodge and patriotic orders.

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# NEWS NOTES—from State and Nation

## ACS Clinical Congress to Be Held in Atlantic City

Progress in surgery as it is emerging from research laboratories and operating rooms is the theme of the forty-third annual Clinical Congress of the American College of Surgeons, meeting in Atlantic City, New Jersey, October 14 through 18, 1957.

More than 10,000 surgeons, physicians, students and related medical personnel from all parts of the nation and many foreign countries will attend this world's largest meeting of surgeons, with more than 1,000 taking part in the various programs as authors of research reports, lecturers, leaders of symposia, participants in panel discussions, and operating surgeons in motion pictures and closed-circuit television.

The Congress program will include postgraduate courses, discussions in general surgery and the surgical specialties, motion pictures, cine clinics, color television from Johns Hopkins Hospital in Baltimore, research reports, and scientific and technical exhibits. Dr. Harris B. Shumacker, Jr., Indianapolis, will supervise the program of research reports.

Continuing the student participation program launched last year, medical students from 36 medical schools have been invited to attend the Congress as College guests. The student program was initiated as an educational contribution of the College by action of the Board of Regents. Students are selected by vote of their classmates, and medical colleges sending representatives to the Congress are rotated each year. This year, 35 young men and 1 young woman will come from Chicago, eastern United States, Canada, and Puerto Rico.

---

The program of the fourth annual meeting of **The Academy of Psychosomatic Medicine** to be held October 17-19, 1957, at the Morrison Hotel in Chicago will be devoted to "Psychosomatic Aspects of Obstetrics, Gynecology, Endocrinology and Diseases of Metabolism". The meeting will be open to all scientific disciplines,

as well as psychologists, social workers and nurses. Information may be obtained from Dr. William S. Kroger, Secretary, 104 South Michigan Avenue, Chicago 3, Illinois.

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**Dr. Richard LaSalle** has joined his father, Dr. Robert M. LaSalle, in the practice of medicine at 55 West Market street, Wabash. He is the third generation of the LaSalle family to practice in that location. Dr. LaSalle is a graduate of Indiana University School of Medicine. He and Mrs. LaSalle and their infant son live at 126 Parkway Drive, Wabash.

---

**Dr. Robert W. Mouser** has opened an office at 6201 Park Avenue, Indianapolis, for the general practice of medicine and surgery. He recently returned from a two-year tour of duty with the U. S. Air Force in Japan. Dr. Mouser was graduated in 1954 from I. U. School of Medicine and served his internship at Methodist Hospital, Indianapolis.

---

**Dr. Pauline Chambers**, a former resident of Indianapolis and a 1952 graduate of Indiana University School of Medicine, is now associated in the practice of pediatrics in Greenwood with Dr. Helen Barnes. Their offices are at 201½ West Pearl street. Dr. Chambers recently was in private practice in Loveland, Colorado for six months and prior to that was in practice in Montana for a year. After graduation from I. U. she served her internship at Colorado General Hospital in Denver and then returned to the Medical Center for her residency in pediatrics at Riley Hospital.

---

## Three Physicians Added to Bluffton Clinic Partnership

The original incorporators of the Caylor-Nickel Clinic at Bluffton, Drs. Harold D. Caylor, Truman E. Caylor and Allen C. Nickel, have taken three additional physicians into partnership. Drs. Jack L. Eisaman, Thomas O. Dorrance and Pierre C. Talbert have become part owners of the Bluffton Clinic and hospital.

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**Dr. Charles Bush**, who recently completed a residency in surgery at St. Joseph Hospital, Lexington, Kentucky, has opened an office for the practice of general medicine and surgery in Kirklin. His office is located at the south edge of Kirklin in a recently remodeled brick residence which has been converted into a modern office. Dr. Bush is a native of Lafayette, a graduate of Indiana University School of Medicine, and served his internship at St. Elizabeth's Hospital in Lafayette. He is the first physician to locate in Kirklin for several years.

---

**Dr. C. E. Munk**, who has practiced in Kendallville since 1915, has discontinued his practice as a specialist in diseases of the eye, ear, nose and throat, because of ill health. His retirement was effective July 17.

---

**Dr. Donald B. Garvin** opened an office July 20 in Brazil where he will practice general medicine and obstetrics. His offices are in the Maurer-Wood Building, 111 North Walnut street.

Dr. Garvin was born in Brazil, was graduated in 1954 from Indiana University School of Medicine and served his internship at Detroit Receiving Hospital. He entered the U. S. Air Force in 1955 and was stationed at Cannon AFB, New Mexico, where he was flight surgeon for a year and also chief of obstetrical services.

Dr. and Mrs. Garvin and their three children live at 1710 East National Avenue, Brazil.

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**Dr. Thomas A. Fedor**, a native of Cleveland, Ohio, began the practice of medicine in Sweetzer, July 19 in his recently built modern office building adjacent to the Farmers' State Bank. Of ultra modern design the building contains a large reception room with alcove, file room, Dr. Fedor's private office, consultation room, laboratory and drug room.

The new Sweetzer physician completed his internship at Robert W. Long Hospital, Indianapolis, July 1. He received his medical degree from Tulane University's School of Medicine, New Orleans, in 1956.

## **Nutrition in Pregnancy Symposium Planned by A.M.A.**

Nutrition in Pregnancy will be the subject of the 1957 symposium of the Council on Foods and Nutrition of the American Medical Association to be held October 11 at the University of Missouri Medical Center, Columbia, Missouri. The meeting will review the current findings in nutrition and the practical application of these findings to the management of obstetrical patients. Further information and copies of the program may be obtained by addressing the Council at 535 N. Dearborn St., Chicago 10.

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**Dr. Charles F. Smith** resumed his association with Dr. Raymond C. Beeler in the practice of radiology at 712 Hume Mansur Building and 6378 North College Avenue, Indianapolis, after completing two years' service with the U. S. Army. Dr. Smith was chief of radiology at Fort Devens Army Hospital and visiting consultant in radiology at Murphy Army Hospital in Massachusetts.

Dr. and Mrs. Smith and their three daughters live at 6487 North Park Avenue, Indianapolis.

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## **Michigan State Medical Society To Meet September 25-27**

The ninety-second annual meeting of the Michigan State Medical Society has been scheduled for September 25, 26 and 27 in Grand Rapids when the scientific program will be divided into six scientific assemblies and 16 section meetings with 34 lecturers.

Again this year medical society members from neighboring states and Ontario are invited to join MSMS members for their convention, Dr. Arch Walls, Detroit, president, said.

Dr. E. Keith Hammond, Paoli, will be among physicians participating in the program on September 27.

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**Dr. John C. Mason**, graduate of Indiana University School of Medicine, is now associated in practice with Drs. Fred Clark and Robert Craig at Syracuse. Dr. and Mrs. Mason have moved into the Cripe apartment on Main street, Syracuse.

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*Medical Staff:*

M. C. PITKIN, M.D., *Director*

J. W. GIBBS, M.D.

*Information upon request*

HOME LAWN MINERAL SPRINGS

MARTINSVILLE, INDIANA



## Interstate Postgraduate Medical Association Meeting Announced

The Scientific Assembly of the Interstate Postgraduate Medical Association will be held in Chicago at the Palmer House from September 30 through October 3 and physicians are invited to attend the sessions. Dr. J. Mather Pfeifferberger, president, urges advance registration. The fee is \$10, should be made payable to Interstate Postgraduate Medical Association and mailed to Dr. Erwin R. Schmidt, Secretary-Treasurer, Box 1109, Madison 1, Wisconsin.

Four days of informative teaching by outstanding lecturers has been scheduled.

At the annual dinner on October 2, Dr. C. C. Bowers, Kokomo, will be one of the 21 physicians who will be honored guests and who will receive special certificates of attendance from the Postgraduate Medical Association.

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The annual **Indianapolis General Hospital EKG Course**, sponsored by the staff of Robert Moore Heart Clinic, will begin on Thursday, October 3. The course will be held at 7:30 p.m. in the Lilly Auditorium. For further information write to Robert Moore Heart Clinic, Indianapolis General Hospital, Locke and Tenth Streets, Indianapolis 7, Indiana.

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## New York Academy Announces Postgraduate Week on Research

For the last 29 years the New York Academy of Medicine has held an annual Graduate Fortnight. This year the program has been changed to a **Postgraduate Week** of five days, October 7 through 11. The program title is "Research Contributions to Clinical Practice."

Evening lectures, afternoon panel meetings and a scientific exhibit are planned.

Registration fee for non-Fellows of the Academy will be \$10. Inquiries and requests for registration should be addressed to: Secretary, Postgraduate Week, The New York Academy of Medicine, 2 East 103 Street, New York 29, New York.

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The **Eighth Annual Conference** of the National Association for Music Therapy, Inc., will be held October 10, 11 and 12 at the Kellogg

Center for Continuing Education, Michigan State University at East Lansing. The Conference is planned for all persons working in professions where music is employed as a developmental need for children, for mental patients, tuberculous patients, the physically handicapped, the mentally retarded, the emotionally maladjusted, or in research.

Registration fee is \$6. Air-conditioned housing and low-cost meals are available at the Kellogg Center.

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## Annual Blue Cross National Report Reveals Largest Year's Payment

Blue Cross members in 1956 received more than one billion dollars worth of hospital care—the largest amount yet paid in a single year in the history of hospital prepayment. This record was disclosed by the Blue Cross Commission in releasing the publication, "Blue Cross Report to the Nation 1957".

The Blue Cross report indicates that 93 cents of each subscriber's dollar was returned in the form of hospital service benefits. Some 9,000,000 Blue Cross members, admitted to hospitals last year, received more than 53,000,000 patient days of care through Blue Cross.

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**Dr. John Lacy** has opened offices in the new DeMotte Clinic where he will share facilities of the modern community-built structure with another physician, a dentist and an optometrist. Dr. Lacy is a former resident of Lowell, received his degree in medicine from Indiana University School of Medicine and served his internship during the last year at St. Vincent's Hospital, Indianapolis. He and Mrs. Lacy and their two sons live north of DeMotte in a newly developed subdivision.

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A 1956 Indiana University School of Medicine graduate who has just completed his internship at Indianapolis General Hospital, has returned to his native city of Fort Wayne to enter the general practice of medicine. He is **Dr. Gordon R. Franke** whose new offices are at 1202 East State street, Fort Wayne. He and Mrs. Franke live at 1033 Edgewater Avenue.

## Changes Announced in Division of Mental Health

At the time the July Medical Yearbook of The JOURNAL went to press official lists of the personnel of State of Indiana boards and departments of interest to the medical profession were not completed.

Several errors exist in the list of personnel of the Division of Mental Health as printed on page 890 of the July issue.

Dr. S. T. Ginsberg, mental health commissioner, has informed The JOURNAL that:

Bernard Dolnick is no longer assistant to the commissioner; he is now superintendent of the Fort Wayne State School.

Elias Cohen, William H. Hardwick and Gene Pawl are no longer associated with the Division of Mental Health.

Robert W. King is now business administrator for the Division. Dr. Jack Mosier is serving as acting superintendent at Muscatatuck State School.

The Indiana Village for Epileptics is now officially the New Castle State Hospital. D. C. Calceterra is the business administrator there.

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Following completion of a year's internship at St. Mary's Hospital, **Dr. Alton Mayberry** has opened offices for the general practice of medicine in the Medical Arts Building, Evansville. He is a native of Uniontown, Kentucky, received his medical degree in 1956 from the University of Louisville School of Medicine. He served in the Army from 1946 to 1949. Dr. and Mrs. Mayberry and their two children live at 1161 Lombard Avenue, Evansville.

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**Dr. Heracleo I. Matheu** of the Philippine Islands, now in the United States under the Exchange Visitors program, has been appointed a psychiatric physician at Logansport State Hospital. He has been in the U. S. since 1953 and has served as pediatric resident at Lloyd Noland Hospital, Birmingham, Alabama, and psychiatric resident at Warren State Hospital, Warren, Pennsylvania. Dr. Matheu is a graduate of the University of Santo Thomas, was an executive officer in the U. S. Army in the Philippines from 1942 to 1945, and a medical doctor in the Philippine Army during 1945-46. He was in private practice in Manila until coming to the U. S.

## American College of Physicians Plans Midwest Meeting October 12

In addition to conducting a National Convention yearly, the American College of Physicians sponsors 25 to 30 Regional Meetings in various parts of the United States and Canada; also in Puerto Rico and Hawaii. Many of these Regional Meetings are of an individual state character and are organized and directed by the College Governor of that state. However, in the Midwestern area of the country, the states of Illinois, Indiana, Iowa, Minnesota and Wisconsin have combined and put on as a united effort an annual "Midwest Regional Meeting."

On October 12, 1957, the Midwest Regional Meeting for the first time will be held at Urbana, Illinois, under the general chairmanship of Dr. Charles H. Drenckhahn, College Governor for Southern Illinois. Dr. Norris L. Brookens, of Urbana, is the chairman of the scientific program. Plans for the scientific program call for the presentation of 22 papers of 12 minutes each, followed by a 3-minute period of discussion from the floor for each paper.

Non-members of the College in the area who may be interested in Internal Medicine are cordially invited to attend. No registration fee is charged.

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## Indiana Physicians Active in Fracture Association Program

The 18th annual meeting of the American Fracture Association will be held September 30, October 1 and 2 in El Paso, Texas at the Hotel Cortez.

Several Indiana physicians will participate either in an official capacity as officers of the Association or in the scientific program.

Dr. Irvin H. Scott, Sullivan, is first vice-president of the association, and the following four physicians serve on the Board of Governors: Drs. Scott, C. Philip Fox, Washington; Philip T. Holland, Bloomington, and Virgil McCarty, Princeton.

Dr. Leo K. Cooper, Gary, and Dr. Holland will participate in a round table discussion at the luncheon meeting the first day, and on October 1, Dr. Holland will present a motion picture on "The Effective Use of External Internal Fixation in Fractures, Basic Procedures and Safeguards"; Dr. Cooper will present a paper on "Fractures of the Elbow and What to Do with Them" on October 2.

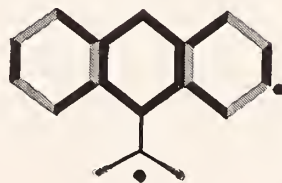


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# Society Reports

## INDIANA STATE MEDICAL ASSOCIATION

### EXECUTIVE COMMITTEE

July 9, 1957

Roll call showed the following present: James W. Denny, M.D., chairman; E. H. Clauser, M.D.; Elton R. Clarke, M.D.; Guy A. Owsley, M.D.; O. W. Sicks, M.D.

Albert Stump and Robert Hollowell, attorneys; James A. Waggener, executive secretary.

#### Treasurer's Office

The treasurer reported on the financial condition of the Association, and upon motion of Drs. Owsley and Clarke the Executive Committee is to recommend to the Council that they appoint a committee to study other methods of investment of the Association funds and report back to the September meeting of the Executive Committee. It is the feeling that the Association should be permitted to invest surplus funds in other than government bonds.

Statement of Receipts and Expenditures for June, 1957, for THE JOURNAL was approved.

#### Membership Report

Number of members, July 9, 1957-----	4,087*
Number of members, July 9, 1956-----	4,010
Gain over last year-----	77
Number of members, December 31, 1956--	4,049

\*Includes 89 in military service (gratis)

149—\$10 members (residents and interns)

291—senior members

67—members, dues remitted by Council

1—honorary member

Number who have paid AMA dues:

July, 1957 -----	3,940**
July, 1956 -----	3,819
Gain -----	121

\*\* Includes 651 exempt members (gratis)—

410 prior to January 1, 1957;

241 so far this year

#### Headquarters Office

*Medicare.* The attorneys discussed the contract which had been received from Washington covering the extension of the Medicare program from July 1, 1957, to March 1, 1958, under which the Association would be the sole contractor, and upon motion of Drs. Owsley and Clauser the president and secretary were authorized to sign the contract.

The attorneys also presented a subcontract agreement with the State Medical Society of Wisconsin covering certain machine work to be done in behalf of the Association and on motion of Drs.

Clauser and Sicks the president was authorized to enter into this agreement.

#### Organization Matters

Letter from Dr. Harlan English, Danville, Illinois, regarding a program honoring Dr. W. A. Johnson, of Perrysville, on August 11, was read, and upon motion of Drs. Owsley and Clauser, Mr. Stump was asked to prepare a suitable resolution to present to the Council on Sunday, July 14, for their approval and then the president or president-elect is to be present for this program and make the presentation to Doctor Johnson in behalf of the Association.

A letter from the AMA regarding the actions of the House of Delegates at the New York meeting concerning the creation of advisory committees at the state level on PL 880 was read and contents noted.

A questionnaire from the AMA regarding the Hometown Care Program for Veterans in service-connected disabilities in which they asked the Association if they preferred continuing the present arrangement or would prefer an arrangement whereby the government would be removed as the administrator and this be taken over by the respective associations was reviewed. By consent it was agreed the Association would prefer the present method and the secretary was instructed to inform the AMA that they would be willing to attend the meeting for the discussion of the program.

#### Annual Convention, French Lick, October 7, 8 and 9, 1957

By consent the report of the Executive Committee to the House of Delegates was approved.

The secretary reported the request of Dr. H. B. Pirkle, chairman of the Committee on Tuberculosis, for information as to whether the Association would pay the expenses of a speaker to talk before a luncheon meeting of county tuberculosis committees and the Indiana Chapter of the American College of Chest Physicians during the annual convention, and on motion of Drs. Owsley and Clarke, it was voted to inform Dr. Pirkle that the Association would not pay the expenses of such a speaker unless the speaker was appearing on the general program as is the policy of the Association.

#### New Business

Upon motion of Drs. Clarke and Clauser the establishment of a Safety Committee in the Woman's Auxiliary was approved.

There being no further business the Committee adjourned, and upon motion of Drs. Clarke and Owsley it was voted that the next regular meeting be held September 4, 1957, at 5:00 p. m., at the Student Union Building, Indianapolis.



# INDIANA STATE MEDICAL ASSOCIATION

## The Council

July 14, 1957

The Council of the Indiana State Medical Association convened for its summer meeting at 10:00 a.m., Central Daylight Saving Time, Sunday, July 14, 1957, in Room M-124, Indiana University Student Union Building, Indianapolis, with Dr. Guy A. Owsley, chairman, presiding.

Roll call showed the following present:

### Councilors:

First District—William B. Challman, Mount Vernon  
Second District—Not represented  
Third District—Not represented  
Fourth District—Not represented  
Fifth District—Not represented  
Sixth District—Harry P. Ross, Richmond; W. R. Tindall, Shelbyville, alternate  
Seventh District—Not represented  
Eighth District—Guy A. Owsley, Hartford City; Gordon B. Wilder, Anderson, alternate  
Ninth District—Kenneth O. Neumann, Lafayette  
Tenth District—James P. Vye, Gary; Ralph C. Eades, Valparaiso, alternate  
Eleventh District—Max R. Adams, Flora  
Twelfth District—Not represented  
Thirteenth District—G. O. Larson, LaPorte

### Officers:

Elton R. Clarke, Kokomo, president  
O. W. Sicks, Indianapolis, treasurer

### Journal:

Frank B. Ramsey, Indianapolis, editor

### Executive Committee:

E. H. Clauser, Muncie  
Albert Stump, Indianapolis, attorney  
Robert J. Amick, field secretary  
Kenneth W. Bush, field secretary  
J. A. Waggener, executive secretary

### Guests:

Wendell C. Stover, Boonville, AMA delegate  
Cleon A. Nafe, Indianapolis, AMA delegate  
Gordon B. Wilder, Anderson, AMA delegate  
Earl W. Mericle, Indianapolis, AMA alternate

On motion of Drs. Larson and Ross, the minutes of the April 28, 1957, Council meeting were approved as printed in the June, 1957, issue of *THE JOURNAL*.

On motion of Dr. Ross, the Council voted to send Dr. Joseph E. Dudding, Hope, councilor of the Fourth District, and to Dr. E. S. Jones, Hammond, delegate to the AMA, both of whom have been seriously ill, the best wishes of the Council for speedy recoveries.

Dr. Neumann announced that he had been elected to complete the unexpired term of Dr. Dodds who had resigned as councilor of the Ninth District after twelve years on the Council, and that Dr. Robert H. Leak, Boswell, had been elected alternate councilor for the district.

### REPORTS OF OFFICERS

Dr. Elton R. Clarke, president: "I might say I have been very gratified at the work done by the committees. We had a meeting lately of the im-

portant committee on Reorganization of Committees and I was very much pleased at the way the men took hold of that. I think some lasting good is going to come out of it. I believe we are going to get our committee structure on a logical and reasonable basis so that we can classify the committees according to their functions, and it will probably be a big thing for years to come if we can get it established on that sort of basis.

"The other committees have been doing very good work and we are beginning to get some of the Annual Reports in and, in looking them over, I am reminded that those of you who are on other committees or in charge of them and so on, I should like for you to get your reports in as soon as possible so they can be looked over and appear in the September *JOURNAL*.

"On the Medicare Committee, of course, work has pyramided up. It is really a big thing. We didn't anticipate anything like the response on Medicare that we have had and it has been surprising, it has gone way beyond our expectations and we are expecting further changes and enlargement of our program to take care of it.

"The Student Loan Committee I think is turning out to have a very good function. We have Dr. Ross's report for the year and it is a very good one and it shows the work being done on that."

Dr. O. W. Sicks, treasurer, reported briefly on the financial condition of the Association. Investments in bonds now total \$272,000.00, and the cash balance in all funds amounts to \$20,473.84, as of July 10, 1957.

Drs. Wendell Stover and Gordon Wilder, AMA delegates, reported on the actions taken at the AMA meeting in New York, June 3 to 7. (For full report, see July, 1957 *JOURNAL* of ISMA, page 852.)

By consent the Council went on record as commending the AMA delegates on the successful management of the campaign to elect Dr. Cleon A. Nafe, Indianapolis, to membership on the Board of Trustees of the AMA.

### UNFINISHED BUSINESS

1. *Election of Editorial Board members.* On motion of Drs. Ross and Larson, Drs. George M. Johnson, Richmond (surgery), and Irvin W. Wilkens, Indianapolis (internal medicine), were re-elected members of the Editorial Board for three years.

2. *American Medical Education Foundation Fund.* Contributions to this fund during the past six years are as follows: 1952, \$63,163.04; 1953, \$42,425.16; 1954, \$49,868.62; 1955, \$24,963.91; 1956, \$19,075.00, and 1957, \$5,079.50; total, \$204,575.23.

At the April 28, 1957, Council meeting, the Council voted to recommend to the House of Delegates

that the membership dues be increased \$10.00 per year to take up the slack in this fund.

3. *Student Loan Fund.* Dr. Ross, chairman, reported the processing of eight loans within the last few months, most of them for \$500.00. Loans are approved only after careful personal interviews and extended investigation of applicants.

4. *Medicare.* Dr. Clauser, member of the Executive Committee, reported: Effective July 1, 1957, the Association contracted with the government to take over the complete operation of the Medicare program in Indiana, as fiscal administrator. In order to handle the statistical portion of the program, by use of IBM, the Association has entered into a subcontract agreement with the State Medical Society of Wisconsin.

The Association will be reimbursed by the government for the full cost of the subcontract agreement with Wisconsin, as well as for the salaries of two headquarters employees and for the actual cost of miscellaneous expenses incurred in administering the program.

The contract signed July 1, 1957, will expire March 31, 1958.

The executive secretary reported that 2,009 claims had been processed through the headquarters office since the program started December 7, 1956.

A separate bank account will be established to handle physicians' charges. Inasmuch as a fund of several thousand dollars will be required to pay these bills as the claims are processed, it is proposed to write the checks and hold them until reimbursement is received from the government.

Following discussion, on motion of Drs. Ross and Vye the actions of the Executive Committee in the conduct of the Medicare program were approved.

Regarding the Medicare bank account, Dr. Ross moved "that it be the sense of this present Council meeting that the distribution of the funds should be left to the discretion and judgment of the ones in charge—the Executive Committee and the Treasurer." Motion seconded by Dr. Vye, and carried.

5. *Opinion of AMA Judicial Council on employment of Ph.D. in physician's office.* The executive secretary read the following letter from the secretary of the Judicial Council of the AMA:

"Mr. Stetler referred your letter of March 29 to me, in which you asked for an opinion of the Judicial Council on the subject of relations between psychiatrists and non-medical persons 'whose duties are to obtain social histories, do psychometrics and administer aptitude and other educational evaluations.' Such non-medical person would function, it is said, in the psychiatrist's office in the same manner that a laboratory technician would function in an internist's office.

"The Judicial Council will not meet until early

June. Consequently, an official answer to your inquiry cannot be had immediately.

"I may say, however, that at one of its recent meetings the Judicial Council was asked if it is ethical for a clinical psychologist to do psychotherapy under the supervision of a doctor of medicine specializing in psychiatry. The Judicial Council reached the opinion that in itself the relationship is not unethical. The Council expressed the further opinion that the relationship between a psychiatrist and the psychologist must be evaluated, however, according to the facts and only the local medical society may ascertain these facts and thereupon evaluate the ethical propriety of any given situation.

"If you wish, and if you could advise me, I will present your inquiry to the Council at its next meeting."

In reply to the request that this matter be presented officially to the Judicial Council of the AMA, the following letter was received:

"The Judicial Council at its recent meeting in New York very carefully considered your letter of March 29, 1957, to Mr. Stetler, my reply to you dated April 8, 1957, and your subsequent letter of May 13.

"The Judicial Council approved the reply I made under date of April 8, pointing out that in itself the relationship you described is not in itself unethical, but that the relationship must be evaluated according to the facts which must be ascertained by the local Medical Society."

Dr. Challman moved "that the Council go on record as approving this relationship, provided, after investigation, it is found ethical by the local medical society, and they can handle it from then on at the local level." Motion seconded by Dr. Neumann, and carried.

#### 1957 ANNUAL CONVENTION, FRENCH LICK October 7, 8 and 9, 1957

The secretary reported that the scientific and entertainment programs are complete with the exception of a few details. The September JOURNAL will be the convention issue.

#### MEMBERSHIP MATTERS

1. The membership report presented to the Council showed 4,087 State Association members and 3,940 AMA members as of July 13, 1957. It was noted that with 61 additional AMA members the State Association would be eligible to another AMA delegate. The councilors were urged to take this information back to their districts and ask the county society secretaries to check their counties for eligible members who have not yet paid AMA dues.

2. *Remission of state dues.* By consent, the request from Lake county for the remission of state

*Continued*





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dues of one member because of illness and retirement was approved.

#### LEGISLATIVE MATTERS

1. *Washington trip.* In the absence of the co-chairman of the Legislative Committee, Dr. Clarke reported on the two dinner meetings, held in Washington on April 30 and May 1, one with Indiana congressmen, and the other with the Chamber of Commerce. "Altogether we considered it to be a worthwhile undertaking and one which should be continued."

#### NEW BUSINESS

1. *Reorganization of committees of Association.* For the information of the Council the secretary reported in detail on the recommendations of the Special Committee on Reorganization of Committees of the Association. The report will be carried in full in the September (convention) JOURNAL, and will be referred to the House of Delegates for its consideration.

2. *Report of Special Committee of Council to Study Discontinuance of Medical Defense Fund and Substitute therefor a Medical Relief Fund.* In the absence of Dr. Everly, chairman, the Council chairman reported on the results of the survey of other states up to this time, as follows:

##### *Malpractice policy:*

1. Does your association have such a plan? Yes 9, No 33
2. Have you ever had such a plan? Yes 13, No 19

##### *Medical Relief policy:*

1. Does your association have such a fund? Yes 14, No 27
2. Have you ever had such a fund? Yes 5, No 25
3. If you have such a fund, from what sources are the needed finances derived?  
Dues 8. Voluntary gifts 7. Assessments 0.  
Estate gifts 2. Other 1. Total returns 42.

The final report and recommendations of this committee are to be made at the French Lick meeting.

##### 3. *Matters referred to Council by Executive Committee.*

a. Recommendation that the Association contribute \$1,000 annually to the Indiana State Chamber of Commerce was approved on motion of Drs. Ross and Vye. This action was taken as a result of recommendation made to the Executive Committee by Dr. J. William Wright, co-chairman of the Legislative Committee.

b. *State headquarters facilities.* On motion of Drs. Ross and Larson, the Council concurred in the recommendation of the Executive Committee

that a planning committee be appointed by the Council to investigate and plan new headquarters for the Association. The Council chairman appointed: O. W. Sicks, Indianapolis, chairman; Russell J. Spivey, Indianapolis; A. C. Badders, Portland; Paul D. Crimm, Evansville; Hugh Kuhn, Hammond; John M. Paris, New Albany, and M. C. Topping, Terre Haute, ex officio.

c. *Investment of surplus funds of Association.* On motion of Drs. Vye and Ross the Council approved the recommendation of the Executive Committee that a committee be named by the Council to study methods of investment of Association funds other than government bonds and that such committee report its findings to the Executive Committee on September 4, to permit preparation of proper recommendations for consideration of the House of Delegates inasmuch as a change in the Bylaws would be necessary. The Council chairman appointed: O. W. Sicks, Indianapolis; F. B. Mountain, Connersville; Walter J. Aagesen, Anderson; James W. Denny, Indianapolis, and M. C. Topping, Terre Haute, ex officio. Dr. Denny is to be chairman of this committee.

4. *Polio Patient Survey of National Foundation for Infantile Paralysis.* The secretary explained that the purpose of this survey of persons who have had polio, to be begun in the State of Indiana, is to ascertain their present condition. Then the Foundation plans to assist in financing the rehabilitation of some of these persons, if they lend themselves to a rehabilitation program. This will be done by teams from the various polio rehabilitation centers throughout the country. "The Polio Foundation would like your opinion and your sanction to conduct this survey which, it is understood, they propose to make through the county medical societies. This is a national program which they want completed by the first of September."

Following discussion by Drs. Ross, Larson, Neumann, Clarke, Nafe and Challman, on motion of Drs. Larson and Neumann the Council referred this matter to Committee on Polio of the State Association for study and report to the Council at the French Lick meeting.

5. *Public Relations.* Dr. Earl Mericle, chairman, reported on the activities of his committee, including the planning of a meeting in October for all of the athletic coaches and school physicians, the Science Fair, and the report of the Committee on Recodification of the Mental Health Laws, which will be ready for presentation to the Council for its consideration for the next legislature.

6. *Field secretaries' reports.* For the information of the Council, the field secretaries reported on their contacts with the legislators.

7. *Emergency care for emergency patients.* The question was asked, "Does the defense fund of the State Association apply to physicians who take



care of persons injured on the highway who are brought into the hospitals?"

Dr. Vye said that the hospitals in his community have been unable to get interns this year and each physician in his town takes his turn in the hospital. Regardless of what his specialty is, a doctor may be called upon to take care of an emergency maternity case, or anything that might come up, and he is responsible for it. "What is the feeling of the State Association on the liability of that doctor for his work?"

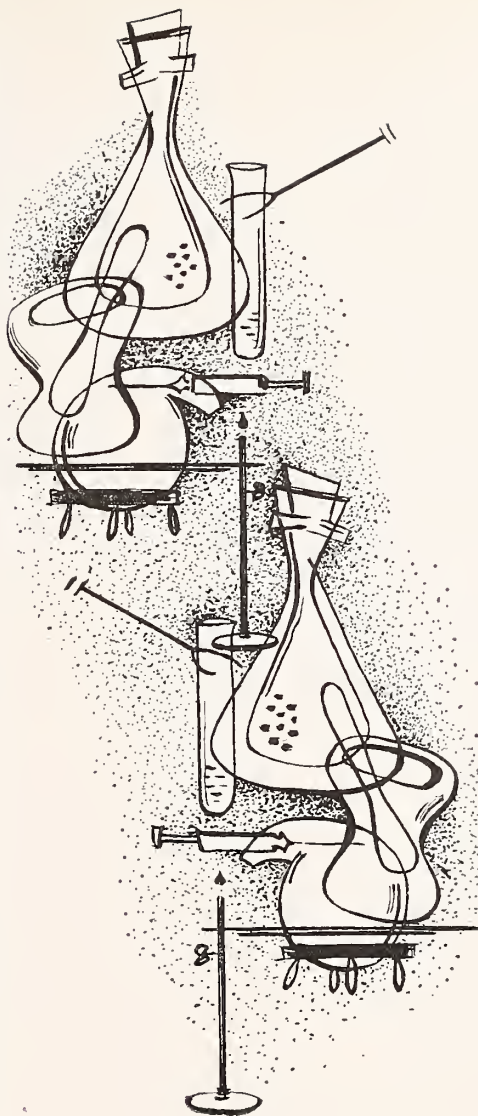
Mr. Stump, attorney for the State Association, answered as follows:

"By the laws of the State Association he would be entitled to defense of the Association because the By-laws cover any situation in which he may be charged with malpractice or failure to perform services that, under the circumstances, he should perform on behalf of the patient. So he would be eligible for the State Defense.

"Now, on the other side of it, what about the possibility of liability? The liability possibility would still exist because, if he is a doctor at all, or even if he is not a doctor but assumes to render medical care, then whether he rendered proper medical care or failed to render it, would be determined by what would have been done or should have been done under the same or like circumstances by any other physician under those conditions, in that same or in a similar locality. For that reason, even if one isn't a physician but undertakes to render medical care which he charges for, not merely as a first-aid non-professional act, but as a professional act, he will be held to proper medical standards of care."

No further business appearing, the Council adjourned, to meet again at 3:00 p.m., Sunday, October 6, 1957, at the French Lick-Sheraton Hotel, French Lick, Indiana.

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## The Lighter Vein—

Women are like baseball umpires—they make quick decisions, never reverse them, and they don't think you're safe when you're out.

---

An optimist and pessimist were ship-wrecked and in time their raft came within sight of a tropic isle. The pessimist expected the worst, saying: "I'll bet it is inhabited with wild men."

But the optimist was more cheerful, saying, "Cheer up, pal. Where there are wild men, there are also wild women."

---

A highway clerk was married recently and, not having time for a vacation, took his bride through the territory with him as a honeymoon trip.

First morning the nuptial couple decided to order honey at breakfast to symbolize the fact that they were by way of being honeymooners.

The waiter arrived with the breakfast, but no honey.

The highwayman, figuring an old patron of the hotel deserved better service on such an important day, was incensed. "Mose," he demanded, "where is my honey?"

"Don't know, boss," was the reply. "She don't work here any more."

---

First fisherman: "I dreamed I was alone in a canoe with Marilyn Monroe."

Second fisherman: "What a dream! How'd it turn out?"

First fisherman: "Wonderful. I caught a 10-pound bass."

---

Notice in a local restaurant: "In case of atomic bomb attack, keep calm! Pay check, then run like mad."

---

Doctor: "You have acute appendicitis."

Young Gal: "I've been told I have pretty legs, too!"

---

While an impatient motorist honked and honked behind her a young matron tried to start her automobile stalled at a traffic light. Finally she got out, walked back and suggested pleasantly, "If you'll go up there and start my car, I'll stay here and blow your horn."

---

Speak well of your enemies; remember you made them.

---

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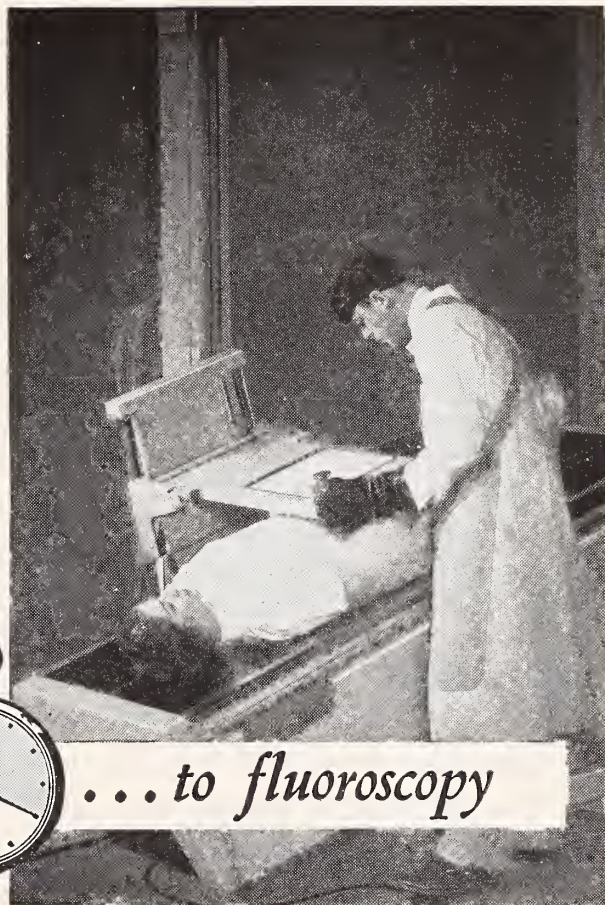
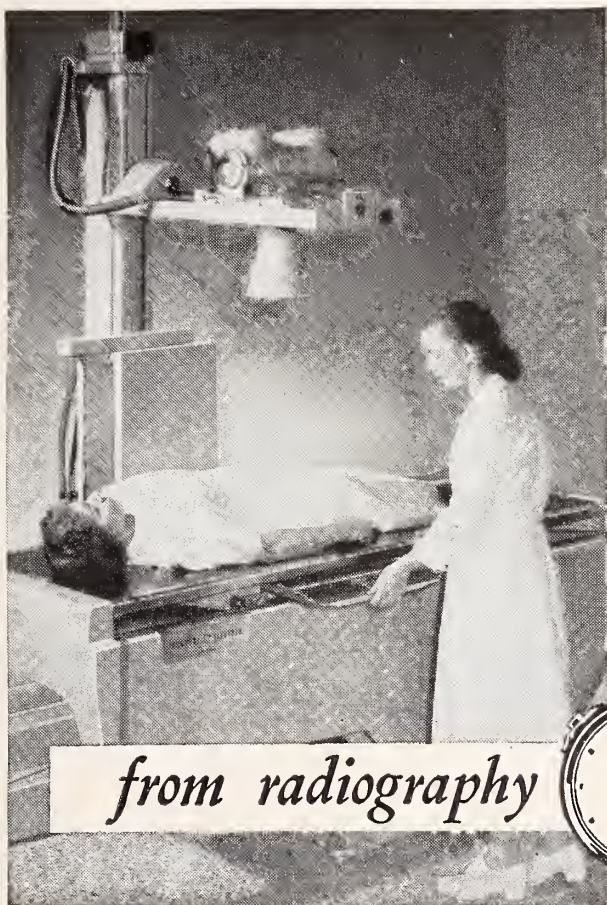
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4.	William A. Johnson, M.D., North Vernon	Benet W. Thayer, M.D., North Vernon	North Vernon, May 7, 1958
5.	Jack R. Glosson, M.D., Clay City	John M. Palm, M.D., Brazil	Brazil, 1958
6.	H. N. Smith, M.D., Brookville	Kenneth G. Hill, M.D., New Castle	Greenfield, May 8, 1958
7.	T. V. Petranoff, M.D., Indianapolis	Arthur W. Records, M.D., Franklin	
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9.	J. A. Van Kirk, M.D., Frankfort	Dan Tucker Miller, M.D., Fowler	Tipton, 1958
10.	George N. Lewis, M.D., Gary	George A. Carberry, M.D., Gary	
11.	Robert M. Brown, M.D., Marion	Charles L. Wise, M.D., Camden	Peru, 1958
12.	Milton F. Popp, M.D., Fort Wayne	Harold F. Zwick, M.D., Decatur	Fort Wayne, 1958
13.	R. E. Nelson, M.D., South Bend	O. E. Wilson, M.D., Elkhart	South Bend, Nov. 20, 1957



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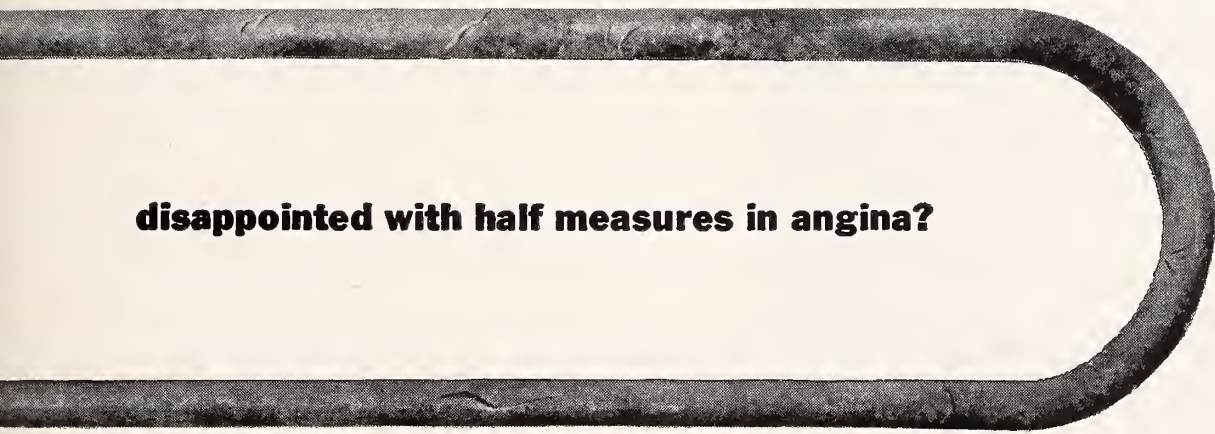
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## Wanted: PHYSICIANS LOCATIONS

Three small towns in Indiana have sought help recently from the Physicians Placement Service, 1021 Hume Mansur Building, Indianapolis 4, Indiana, in their attempts to secure a physician for their communities.

Two of the towns have no physician, one needs a third doctor. In each case residents believe there will be ample practice to assure a good income.

These are the towns seeking a physician:

LaOTTO—Noble County, population about 400. Located 15 miles north of Fort Wayne on State Road 3. Community eager to have physician locate there. Contact June Myers, Secretary, LaOtto Community Association, Inc., LaOtto, Indiana.

ST. BERENICE—Vermillion County, population 800. Physician needed here in center of area without a doctor. Good roads, good farming community. Rental property available reasonable for home and office. Contact C. L. Grenert, P. O. Box 198, St. Berenice, Indiana.

MONTPELIER—Blackford County, population 1,800. Established general practitioner wants physician to do general practice and share his offices. One other physician in community. Hospital within 12 miles. Contact William T. Douglas, M.D., Montpelier, Indiana.

### SEEK LOCATIONS

Eleven general practitioners have written the Physicians' Placement Service in the last few weeks asking for detailed information concerning the Indiana communities which are desirous of securing a physician. A brochure has been mailed to each of them and the communities have been furnished lists of the interested physicians. That list follows:

Bernard Brock, M.D., 6101 W. 55th Street, Mission, Kansas.

Charles S. Dalton, M.D., 320 Hoover Avenue, Akron 12, Ohio.

George W. Horst, M.D., 110 North Smith Street, Grants, New Mexico.

Capt. Roland C. Ahlbrand, MC, U. S. Army,



20th Station Hospital, APO 696, P. M., New York, New York.

Ralph Jensen, M.D., 5056 Marine Drive, Apt. C-1, Chicago 40, Illinois.

Edwin Wallace, M.D., SS., Constitution, American Export Lines, Pier 84, New York, N. Y.

Richard J. Peters, M.D., 217 Loomis Avenue, Syracuse 5, N. Y.

John H. Phillips, M.D., 2144 East Haven Drive, Santa Rosa, California.

Edward A. Rayhill, M.D., 61 Woodland Road, East Greenwich, Rhode Island.

Lewis E. Smith, Jr., M.D., 53 East Lucius Avenue, Youngstown, Ohio.

Henry Aufderhaar, M.D., 204 Ela Terrace, Madison 4, Wisconsin (Available June 1958).

During the same time, 14 specialists have indicated an interest in an Indiana location. They are:

Bernard St. Raymond, M.D. (obstetrics & gynecology), 968 W. Wilson Dr., New Orleans, La.

John D. MacDougall, M.D. (surgery), I. U. Medical Center, Indianapolis, Indiana.

Tom Vandivier, M.D. (internal medicine), 830 Bruce Street, Ann Harbor, Michigan.

Donald Lehocz, M.D. (surgery), Iowa Methodist Hospital, Des Moines, Iowa.

Robert D. de Long, M.D. (surgery), 426 S. 43rd Street, Philadelphia 4, Pa.

Joseph R. Cally, M.D. (surgery), 14439 Sanford Avenue, Flushing 55, New York.

William T. F. Paul, M.D. (surgery), 519 South Mill Street, Lead, South Dakota.

Robert F. Thimmig, M.D. (surgery), VA Hospital, Wood, Wisconsin.

David L. Jones, M.D. (internal medicine), Charity Hospital of Louisiana, New Orleans, La.

Harold E. Van Dyke, M.D. (internal medicine), Butterworth Hospital, Grand Rapids, Michigan.

Joseph Billboo, M.D. (internal medicine), 738 W. 173rd St., New York City 32, N. Y.

George P. Dillard, M.D. (psychiatry) VA Hospital, Box 25, Augusta, Georgia.

James M. Nicklas, M.D. (obstetrics & gynecology), 631 Colonial Place, Baldwin, Long Island, New York.

W. H. Sears, M.D. (surgery), 1224 Saginaw, Saginaw, Michigan.

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Each 4 cc. (one teaspoonful) contains:

Aminophyllin . . . . .	32.0 mg.	Chloroform . . . . .	8.0 mg.
Diphenhydramine . . . . .	8.0 mg.	Sugar . . . . .	2.8 Gm.
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## Flu Fight

Drug Firms Speed Up  
Vaccine Output, But  
Will the U.S. Need It

Asiatic Virus Raises Threat  
Government Buys, Prod  
and Hens Have to Help

en Attack, Rapid Spread

### 8 STUDENTS ON FLIGHTS TO U.S. HAVE ASIAN FLU

New York, Aug. 15 (AP) — Laboratory tests on eight foreign exchange students arrived Aug. 8 show they are victims of Asiatic flu, the health department reports today. The eight arrived on a plane from Europe.

Twenty-nine other students suffering from influenza arrived Tuesday from Rotterdam on the ship Arosa Sky. One, Nicholas Memmos, a Greek exchange student, died yesterday. Six of these students were released today; the others are to be released tomorrow. It has not yet been determined whether any of the students died from Asiatic flu.

Laboratory tests on the plane from Europe showed that the students had Asiatic flu. The health department is now trying to determine whether any of the students died from Asiatic flu.

## THE INFLUENZA

How Deadly Will it Be?  
What Can We Do about It?

## IF YOU

Answer

A new  
—is showing  
around the  
now have

## U.S. Fighting Asiatic Flu

### The War On Asiatic Flu

There's cause for concern about Asiatic flu, but scientists and public health officials see no reason for anyone to panic.

First shipments of the vaccine against the new influenza strain have arrived in Chicago, setting off a flood of telephone calls from worried patients to doctors, and from doctors to drug suppliers. This is a normal pattern of mass fear and is understandable.

Even though Salk vaccine priorities were necessary, the regulation produced administrative headaches, public complaints and probably a gray, if not a black market. When regulation is invoked, it would be

PUBLIC HEALTH

## Influenza Mania

► INFLUENZA, one of the most unpredictable of communicable diseases, is racing "on cat feet" across the nation right now. It has already struck once this year in mild epidemic form at an Air Force base in Colorado. When and how severe it will strike again is a perennial riddle for public health authorities.

It will probably not lie dormant for the rest of the winter months. At the least there will be sporadic outbreaks throughout the country. If

### The War on Mutant A

If Florence was in the grip of an epidemic of colds, coughs and fevers, astrologers . . . declared that it was caused by the influence of an unusual conjunction of planets. This sickness has been known as "influenza."

—Chronicles of  
1200-1470.

To combat new "mutant A" virus, a worldwide campaign is being launched in the Far East. So the World Health Organization, which collects information around the globe on specimens of the new virus. In more than a dozen countries, including those of the

### Asian Flu: the Outlook

Asian influenza will hit the U.S. this fall before mass immunization can be effective, and the nation faces an epidemic which may strike 15 million to 30 million people. The disease is relatively mild (in no way comparable to the killing "Spanish flu" of 1918-19), and is likely to cause only a small number of deaths among the feeble young and feeble old. But it may compel 10% to 20% of the population in affected areas to take

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to counteract  
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“ORIENTAL FLU”

EPIDEMIC

Is Causing It?

CATCH “ASIATIC” FLU—

but the New Virus Threat From Orient

Far East” flu  
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STEARATE (Erythromycin Stearate, Abbott)

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Strike

in the structure of the vir.  
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such a sudden change to  
type A virus in 1947, F  
much of the vaccine th  
overlapp



This summary of what is happening in Washington is prepared by A.M.A.'s capital office and airmailed to THE JOURNAL on the ninth of each month.

## THE MONTH IN WASHINGTON

Washington, D. C.—In the last few years interest has built up in the problems of the older people—how they are to get their bills paid, how to spend their time constructively, what chronic medical conditions are causing them the most trouble. Innumerable national and local conferences have searched for ways to make life more satisfying and healthy for people entering old age, and committees are at work on the problem in thousands of communities.

In this favorable climate, when every device that might help the older citizens is being examined, there is being revived a scheme that met with no success at all when first proposed more than six years ago.

It is a plan for government-paid hospitalization under the Old Age and Survivors' Insurance system.

Here is the argument that is made for it:

People in old age generally have less income than when they were younger, but at the same time they require more medical attention and hospital care. Neither voluntary nor commercial health insurance has been able to offer these people the protection they need. The only solution, sponsors of the plan say, is to get the federal government into the picture.

Opponents of the idea agree that older people are sick more often and generally don't have much money, but they disagree violently with the other arguments. They point out that slowly but surely insurance coverage is being extended to older people at a price they can afford to pay. Most important, hospitalization-at-65 critics maintain that a system like this is in effect national compulsory health insurance under Social Security.

### MORE FEDERAL PLANS

Early this year Reps. Emanuel Celler (D., N. Y.) and John Dingell (D., Mich.) intro-

duced bills on this subject. They would allow 60 days a year free hospitalization for OASI-covered men 65 and over and women 62 and over. Rep. Kenneth A. Roberts (D., Ala.) offered a similar bill.

Just before the session ended two developments occurred that are evidence the proponents of this system of hospitalization are getting ready to make a real fight for it next year.

First, Rep. Aime J. Forand (D., R. I.) presented a bill that would make extensive liberalizations in the social security program, including creation of a hospitalization that would give free surgical service to the aged program. Some national labor leaders immediately pledged their support to this bill, a not unexpected move as the AFL-CIO is officially behind the general idea.

Then Senator Richard L. Neuberger (D., Oregon) made it plain he, too, wanted the old people to have free in-hospital medical care. The senator said he hadn't firmed up his thoughts, but that he believed the best approach would be something like the Military Dependent Medical Care program (Medicare), making use of Blue Cross or other nonprofit groups. He estimates that a 1 percent increase in payroll taxes for both employer and employee would meet the extra costs.

Mr. Forand, on the other hand, is specific. He would make all persons receiving OASI retirement benefits eligible and also surviving widows and children, but would not include persons receiving OASI disability payments. He would broaden the time period by allowing 120 days of hospital or nursing home care each year, with hospital stays limited to 60 days.

The Forand measure also has a provision, not contained in most earlier bills, for OASI also to

*Continued*



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Early potent therapy is provided against such threatening complications as sinusitis, adenitis, otitis, pneumonitis, lung abscess, nephritis, or rheumatic states.

Included in this versatile formula are recommended components for rapid relief of debilitating and annoying cold symptoms.

Adult dosage for ACHROCIDIN Tablets and new, caffeine-free ACHROCIDIN Syrup is two tablets or teaspoonfuls of syrup three or four times daily. Dosage for children according to weight and age.

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## Tablets

*Each tablet contains:*

ACHROMYCIN® Tetracycline	125 mg.
Phenacetin	120 mg.
Caffeine	30 mg.
Salicylamide	150 mg.
Chlorothen Citrate	25 mg.

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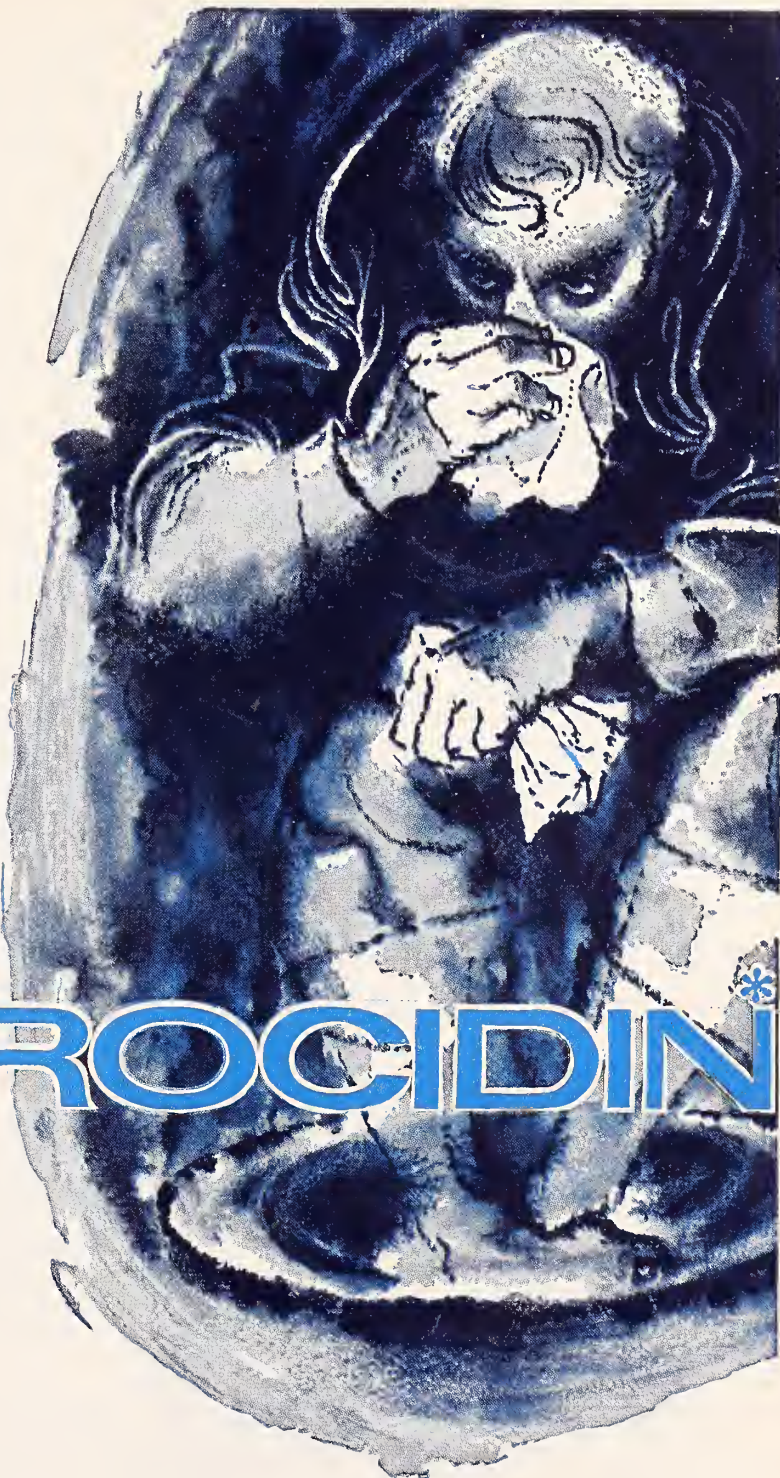
*Each teaspoonful (5 cc.) contains:*

ACHROMYCIN® Tetracycline equivalent to tetracycline HCl	125 mg.
Phenacetin	120 mg.
Salicylamide	150 mg.
Ascorbic Acid (C)	25 mg.
Pyrimamine Maleate	15 mg.
Methylparaben	4 mg.
Propylparaben	1 mg.

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pay for in-hospital surgical services certified as necessary by the physician.

WOULD ADD PAYROLL TAXES

Mr. Forand would take no chance of running out of money. He would levy social security payroll taxes on all income up to \$6,000 (present limit \$4,200), and also increase the tax rate a half per cent for employer and employee alike, and three-quarters of one per cent for the self-employed.

It is almost certain that these and other similar suggestions will receive serious consideration by Congress next year, with passage of a bill much more likely than in 1951 when President Truman and Oscar Ewing first proposed the idea.

NOTES

When Congress returns January 7, one of the measures waiting for its attention will be a bill to control union welfare funds through registration and publicity. (Most funds involve medical-hospital benefits.)

\* \* \*

Jenkins-Keogh legislation, for deferment of income taxes on money put into retirement

plans by the self-employed, now is assured of a hearing next year when the House Ways and Means Committee goes into all phases of taxation.

\* \* \*

The Atomic Energy Commission has made its 100,000th shipment of radioisotopes, many of them for medical use.

\* \* \*

The National Heart Institute, Bethesda 14, Md., has a new booklet written in popular language, on cerebral vascular diseases.

\* \* \*

American Medical Association is cooperating with American Hospital Association in an effort to persuade the Federal Communications Commission to set aside radio channels for exclusive use of doctors and hospitals.

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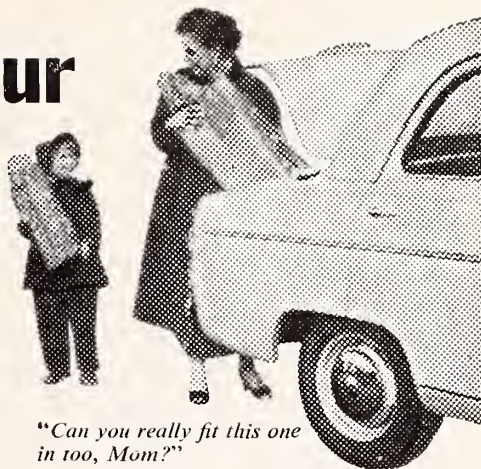
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\*REFERENCE: J.A.M.A. 163: 359, 1957 (February 2)

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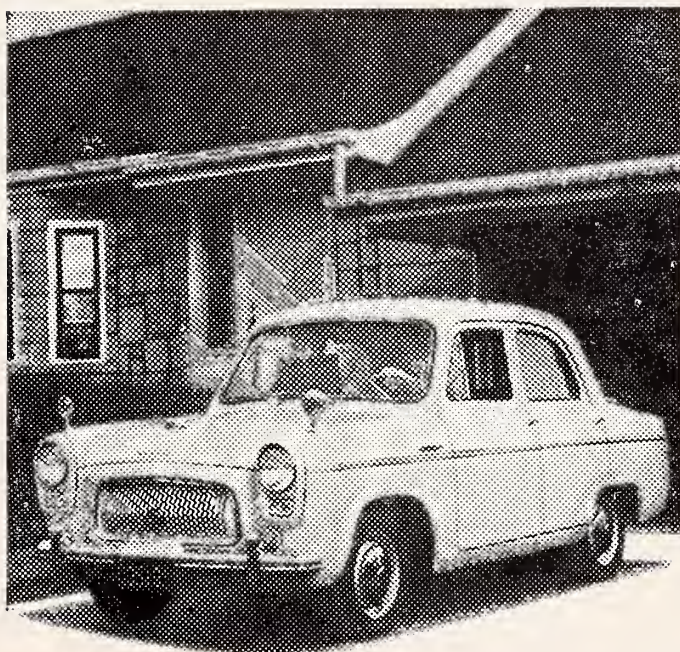


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*The case of Mrs. A. R. Hendrickson  
(Harrington Park, N. J.) tells how.*

How can *your* wife benefit from owning a Prefect? Mrs. Hendrickson has very kindly said, "if my case will help convince a doubting Thomas, well, tell him about it by all means."

First she has to get the kids to school. She has to meet them in the afternoon. She takes the 15-minute bus trip to the shopping center (and 15 minutes back of course). To call on a neighbor, it's either *walk* or *bus* again. An afternoon movie? There's another hour spent, going and coming.

"But now," says Mrs. Hendrickson— "with the Prefect always ready to go, it's a different story. I figure I save at least 12 hours every week. It's the easiest handling car I've ever driven."

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# Abstracts:

## SOME PROBLEMS IN THE CYTODETECTION OF CERVICAL CARCINOMA

Dockerty, Malcolm B.: The Journal of the Louisiana State Medical Society, Vol. 109, No. 7, (July, 1957).

The first inkling that cytologic, rather than histologic, changes were the most important criteria in the diagnosis of early cancer was picked up by MacCarty and Broders of the Mayo Clinic about 30 years ago; and it was Broders who gave the name "carcinoma in situ" to certain lesions which had not extended beyond the basement membrane of their sites of origin. Papanicolaou some years later showed that both surface and advanced malignant tumors could be identified by cells shed from the surface of such lesions. It is now generally recognized that cytologic smears are extremely valuable in the early diagnosis of cervical and pulmonary cancer. A few statistical facts speak for the need of early diagnosis of cervical cancer: (1) that only about 1 in 5 women with obvious cervical cancer has a life expectancy of 10 years; (2) in the United States 18,000 die annually of cervical cancer; (3) 5 of every 1,000 normal appearing cervixes prove cancerous when examined cytologically.

Extensive experience with the cytological test has shown that a high percentage of cervical malignancies can be detected in the early stages when a simple surgical procedure can effect almost 100 percent cure. Now, better informed patients know about this "new test," and are requesting it.

A few obvious points concerning the role of the clinician in the preparation of cervical smears are:

1. Material should be scraped from the surface at the squamocolumnar junction and not aspirated from the vaginal pool.
2. Lubricant should not be used on a speculum.
3. Scrapings should be smeared quickly, evenly and thinly on a slide and placed in the solution before drying.
4. Smears should not be taken while the patient is menstruating.
5. (Very important) Biopsy or cauterization should not be done at the time the smear is taken.
6. The pathologist should believe in the entity

of carcinoma in situ, be familiar with cytologic interpretation and have sufficient help.

In a routine screening program an adequate number of trained technicians is essential. After three months training such technicians are capable of staining and scanning 5,000 smears per year, and about 200 of these will have to be considered by the pathologist. Positive and suspicious smears are then confirmed by biopsy. In about half of these, tissue—four pieces from the squamocolumnar junction—obtained in the physician's office, may confirm the diagnosis of cancer or benign basal cell hyperactivity. The majority of cases showing positive or suspicious smears require cervical conization in the hospital. The performance of a preliminary curettage is useless; it distorts and crushes the tissue to be examined. The cone should extend from 5 mm. beyond the squamocolumnar junction to an apex at the entrance to the endometrial cavity. If the source of positive or suspicious cells is not found by biopsy or conization, curettage is recommended to rule out the possibility of endometrial cancer. Twenty percent of early lesions will be missed if all smears are reported by the pathologist as straight positive or negative. Early cervical lesions are extremely diminutive and then discovery requires cooperative and detailed searching—all of which is rewarding.

*David A. Bickel, M.D., South Bend*

## THE ADRENAL STEROIDS AND ACTH IN SURGERY

Voorhies, Norton W.: The Journal of the Louisiana State Medical Society, (April, 1957).

The broad metabolic effects of ACTH and cortisone have suggested their use in recent years in a wide variety of diseases. The author has attempted to summarize the use of these agents in surgery at the present time.

Of the several steroids produced under the influence of ACTH the one produced in the greatest amount is hydrocortisone. This hormone has almost double the metabolic effect of cortisone. The physiological effect of ACTH is essentially the same as the effects produced by hydrocortisone or cortisone. Newer derivatives of cortisone and hydrocortisone such as Prednisone and Prednisolone

*Continued*

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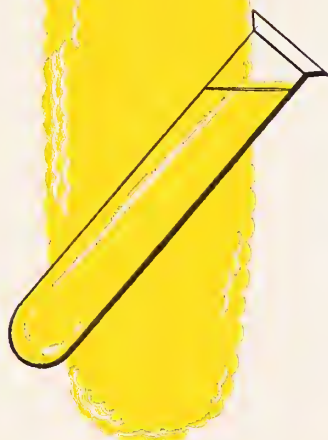
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Fatty Acids as Percentage of Total Acids

Fat	Saturated		Oleic		Linoleic		Linolenic		Arachidonic Ave.	Iodine Value	
	Ave.	Range	Ave.	Range	Ave.	Range	Ave.	Range		Average	Range
Butter	—	46-48	—	—	4.0	—	1.2	—	0.2	—	26-42
Coconut oil	—	75-88	—	5-8	—	1.0-2.5	—	—	—	—	7-10
Corn oil	13	11-15	—	23-40	56	46-66	—	0.0-0.6	—	126	113-131
Cottonseed oil	26	21-30	27	22-36	47	34-57	—	—	—	105	90-117
Lard	43	—	46	—	10	15.6	0.5	—	0.5 (2.1)	—	53-77
Linseed oil	—	6-12	—	13-31	—	10-27	—	30-64	—	—	170-204
Margarine	23	15-23	62	59-77	5.8	5-11	—	0.1-0.9	0	81	74-85
Olive oil	—	8-16	—	53-86	—	4-20	—	—	—	—	80-88
Peanut oil	17	14-22	54	44-65	29	20-37	—	—	—	98	90-102
Shortening	25	17-45	62	43-79	5	3-12	—	0.2-0.6	0-0.5	78	59-80
Soybean oil	15	11-18	25	18-58	55	28-62	5.1	0.3-10	—	130	100-143
Tallow (beef)	53	—	42	—	4	5.3	0.5	—	0.5	—	40-48

Iodine numbers are an accepted measure of the degree of unsaturation of vegetable oils.

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## Abstracts: (continued)

are useful in some instances because of their ability to produce the anti-inflammatory effect with minimal sodium retention.

Administration of either ACTH or hydrocortisone produce (1) sodium and chloride retention; (2) water retention; (3) increased excretion of potassium; (4) increased urinary output of nitrogen and calcium (5) increased gluconeogenesis; (6) a reduction of eosinophils and lymphocytes, and; (7) an increase in blood platelets and red blood cells and neutrophils. In addition ACTH and the steroids have an inhibitory effect on the inflammatory process and seem to increase the coagulability of the blood.

The anti-inflammatory effect of the steroids is an aid in preparing the patient with chronic ulcerative colitis or regional ileitis for surgery by the calming effect on the inflammatory reaction and subsequent improvement in the patient's general condition. The hazard of bleeding during splenectomy for thrombocytopenic purpura is lessened by the increased coagulability of the blood induced by the adrenal steroids. Subtotal and total adrenalectomy can be done when indicated if therapy with the steroids is administered during the critical operative and postoperative period. And, of course, long term replacement therapy can be provided in the case of the patient having total adrenalectomy for removal of tumors. Patients having adrenal

cortical insufficiency from any cause have a poor resistance to physiological stress and must be protected against the development of shock during surgery by the administration of exogenous hormone. This protective therapy should be begun a few days prior to surgery and continued through the postoperative period.

The steroids have been used in such diseases as pancreatitis, thyroid crises, thyroiditis, thrombophlebitis and for the prevention of postoperative adhesions. The benefit derived from therapy with the cortical steroids is difficult to evaluate inasmuch as their effectiveness cannot be separated from the improvement caused by other forms of treatment given in conjunction with them.

Contraindications to the use of these very potent hormones exist and are almost in as great a variety as the indications. Tuberculosis may become activated during steroid therapy. If the indications for its use are urgent enough the patient should be protected with PAS and streptomycin. Hemorrhage from freshly healed duodenal ulcers may occur and the pre-psychotic patient may become psychotic. Because of the anti-inflammatory effect of the adrenal corticoids there is some danger in treating a patient with these agents in whom an infectious process is present. Appropriate antibiotics should be given to prevent spreading of any such infection. More general contraindications include diabetes mellitus, uremia, congestive heart failure, malignant hypertension and coronary artery disease. It should also be remembered that the administration of ACTH or cortisone by replacing the endogenous hormone tends to produce atrophy and hypofunction of the glands which normally produce these hormones. Sudden withdrawal of the exogenous hormone may leave the patient with a very low level of hormone and unable to produce normal levels because of the existing glandular atrophy.

It seems clear that much more experience must be gained in the use of ACTH and the adrenal cortical hormones in surgery before the area of their use can be more sharply defined.

*William E. Martinov, M.D., South Bend.*

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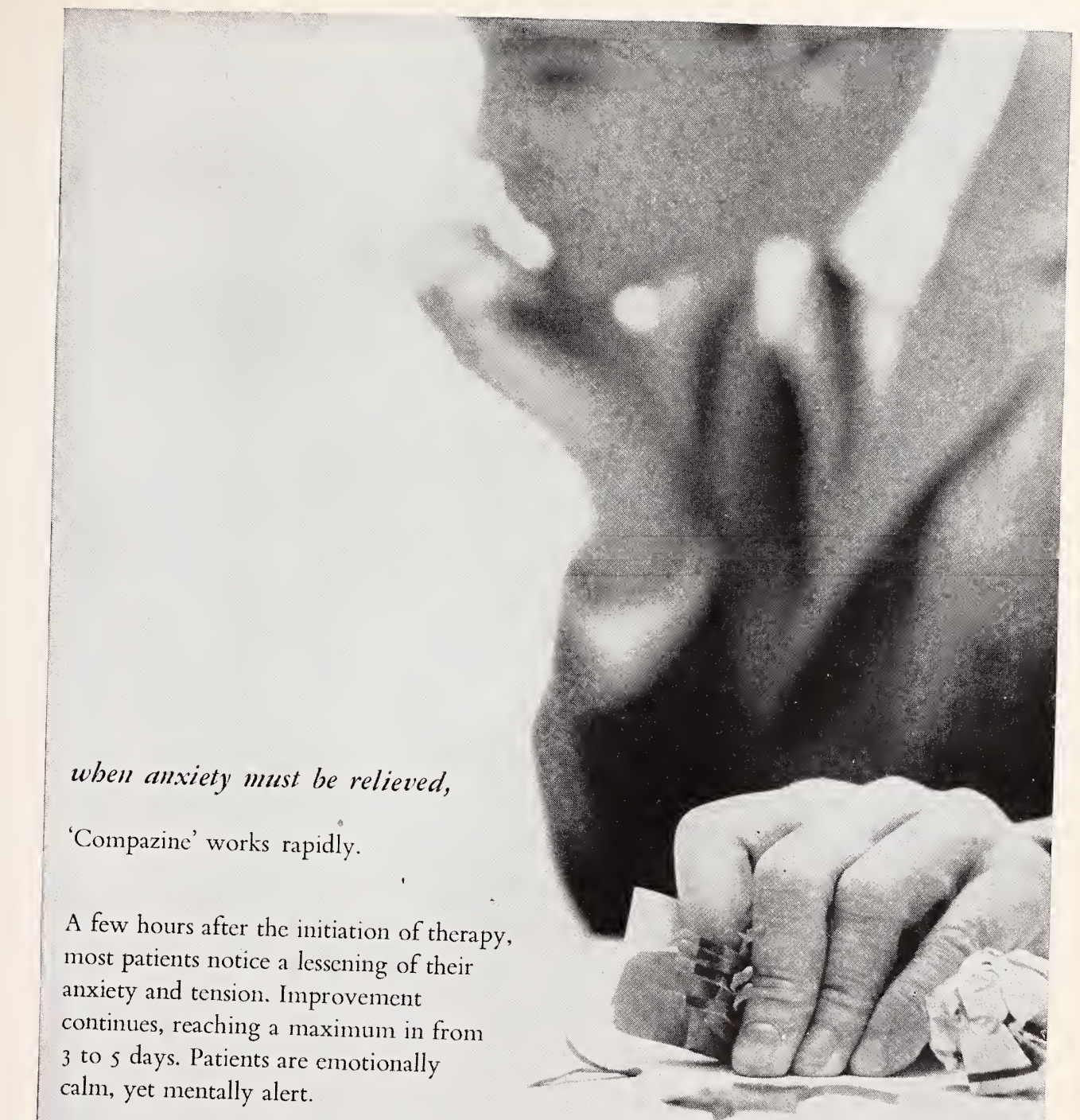
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# The Fourth Estate Looks at Medicine

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

## BRITAIN'S SOCIALIZED MEDICINE

Prime Minister Macmillan's Conservative government has been obliged to announce that Britons henceforward must pay 15 per cent more for socialized medical care. They have been paying only one-seventeenth of the costs of the national health service, which runs close to 2 billion dollars a year. The increased assessment will bring public payments up to one-ninth of the cost.

The government pays the rest from the treasury, which means that the public pays for it thru taxes. The costs of the program were grossly underestimated a decade ago when the Socialist government was installing the system. The official guess at that time was that the cost would be only about a quarter of what it has proved to be.

Even if the Socialists sometimes surmised that their plan was going to cost a lot more than they were willing to concede, that was nothing to cause them worry. They were frankly out to achieve a redistribution of income, as the report of the committee on reconstruction problems admitted. This study, drafted under the chairmanship of Sir William Beveridge, was published in 1942. The report held that "abolition of want by redistribution of income is within our means," adding that "the problem of how the plan should be financed in terms of money is secondary."

Indeed, the problem of financing is always secondary with proponents of the welfare state. Sir William even argued that high benefits, by emphasizing the cost of the program, would give stimulus to the prevention of illness and accident, because it would compel the individual to "recognize the duty to be well."

In practice, this lofty mandate has not been realized, for Britain has at least its share of malingerers and hypochondriacs. When the government actuary, a man of facts and figures rather than of social illusions, reviewed the scheme, he predicted that the burden upon the treasury could be expected to grow, at least until 1965, beyond which he refused to prophesy. And so it has, as the present readjustment in contributions indicates.

There can be little doubt that the trifling effort to bring contributions and outlay into closer balance will fail to accomplish any appreciable result. New crises lie ahead, and the first of them may be expected early next month. Early this

year Britain's 40,000 socialized physicians decided that if the government failed to meet their demand for a 24 per cent increase in salaries, they would start going out on strike Oct. 2.

When the doctors were brought into the plan, the government assured them that their salary would be sufficient to maintain the pre-war living standard of 1939. Inflation has progressed from year to year in Britain, but the doctors have had no increase since 1951. In preparation for the planned boycott, doctors have been asked to send their resignations from the plan to the British medical association.

If the walkout should become effective, Britain might be relieved of its costly and unwise experiment.

—The Chicago Tribune

## WE GUARD OUR HEALTH

Not many years ago there was a strong campaign in America for federal insurance of hospital and medical costs. Many were fearful that the country was headed toward socialized medicine along the pattern of the system Britain's Laborite government had put into effect.

That appears extremely unlikely now. The trend is toward voluntary health insurance programs, and it has made great headway.

As of this spring, some 70 per cent of the American civilian population already had some form of voluntary health coverage—an estimated 118 million persons now being protected with hospital insurance programs.

\* \* \*

The Health Insurance Council estimates that as of last May 1, some 103 million Americans were covered for surgical expenses, 67 million had policies covering regular medical expenses, and 10 million were insured against major medical expenses.

Altogether, benefit payments last year to help cover the cost of hospital, surgical and medical care amounted to \$2.9 billion, an alltime high. Additionally, insurance companies paid \$695 million in benefits through loss of income insurance policies, so that total payments under the health insurance programs came to about \$3.6 billion.

The number of persons insured is continuing to rise. The council reports about eight million more obtained hospital policies last year, with a gain of nine million both for surgical expense and regular medical costs insurance.

*Continued*





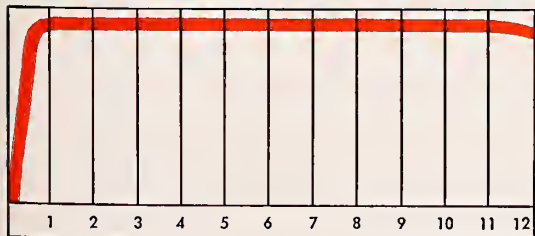
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## The Fourth Estate (continued)

Despite the gains, there are millions who have no insurance protection, of course, and it is not clear how many of the nation's neediest are in that group. And it also is true that the \$3.6 billion in benefits last year represented only a part of America's whopping medical and hospital bill.

Nevertheless, the council's report is highly encouraging evidence that the American people are steadily broadening their safeguards against the financial ravages of ill health—and are doing so without resort to socialistic methods.

—Gary Post-Tribune

**GIVE GENEROUSLY**

to

**A.M.E.F.**

## Letter to the Editor:

The Journal of the Indiana State Medical Association

1019 Hume Mansur Building  
Indianapolis, Indiana

Gentlemen:

I graduated from the Indiana Medical College in the Class of 1892. If there are any other members of my class still living I would like to contact them. There were others younger than I.

My age is 90.

Respectfully yours,  
John Laughlin (M.D.)  
1220 17th Street  
Bedford, Indiana

August 27, 1957

The patient was explaining to the psychiatrist that he had developed the uncontrollable habit of making long distance calls to himself. "And," he complained, "it's costing me a fortune."

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# I.U. School of Medicine to Set Up Institute in Pakistan Under Grant

**A**WARD TO INDIANA UNIVERSITY by the U. S. International Cooperation Administration of a three-year \$1,824,000 contract to enable the University's School of Medicine to establish a basic medical science institute in Pakistan has been announced by President Herman B Wells.

The project, described by the ICA as a part of American technical assistance to Pakistan, is designed to aid Pakistan to improve medical education and to develop qualified teachers for its eight medical colleges.

Pakistan with a population of 81,000,000 has only one physician for each 13,000 persons, an infant mortality rate of 125 deaths per 1,000 live births, and an average life expectancy of only 27 years.

The basic medical science institute will pro-

vide graduate training in anatomy, physiology, microbiology, pathology, pharmacology, and biochemistry for a selected number of Pakistani students who during their period of training will be supported by the Pakistan government. The institute will be located in Karachi and temporarily at Dow Medical College of the University of Karachi.

## DR. HEADLEE COORDINATOR

The University's program will be under the general direction of Dean John D. Van Nuys of the School of Medicine, who has designated Dr. William Hugh Headlee, professor of parasitic diseases, as the project coordinator. Dr. Headlee will retain his I. U. medical school post, making occasional trips to Pakistan to establish and supervise the institute.

Two of the six positions on the institute faculty have been filled through appointments of Dr. Paul A. Nicoll, professor of physiology on the Bloomington campus, as head of the physiology department and chief of party, and Dr. Ralph L. France, formerly biology chairman of the University of Massachusetts, as head of the microbiology department. Both have been engaged in medical teaching in Pakistan, Dr. Nicoll having been sent there by ICA in 1955.

The Pakistan project is the third to be undertaken by the University under ICA financing in Asia. The others are in Thailand in the fields of teacher training and public administration.

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# A.M.A. Plans 11th Clinical Meeting for Philadelphia from December 3 to 6

THE BIRTHPLACE of American independence—Philadelphia—will be the scene of the American Medical Association's 11th Clinical Meeting December 3-6. Center of activities will be Convention Hall where scientific exhibits, color television, motion pictures, technical exhibits and scientific lectures will be presented "under one roof." Headquarters for the House of Delegates will be the Bellevue-Stratford Hotel.

Highlights of the three-and-a-half day convention geared especially for the nation's family doctors include: (1) Special transatlantic conference between distinguished physicians in London and Philadelphia on "Advances in Chemotherapy of Cancer" via two-way telephone at 3 p.m. EST Wednesday; (2) Complete color

television schedule of surgical demonstrations emanating from Lankenau Hospital; (3) Motion picture program daily plus a special session Tuesday evening; (4) Exhibits featuring a well-rounded program and special displays on the history of medicine in the Philadelphia area, fractures and manikin demonstrations on problems of delivery; (5) Panel discussions on cardiovascular disease, cancer, emotional problems of menopause, hypertension, diabetes, arthritis, traumatic injuries; (6) The General Practitioner of the Year Award to be presented by AMA to an outstanding family doctor.

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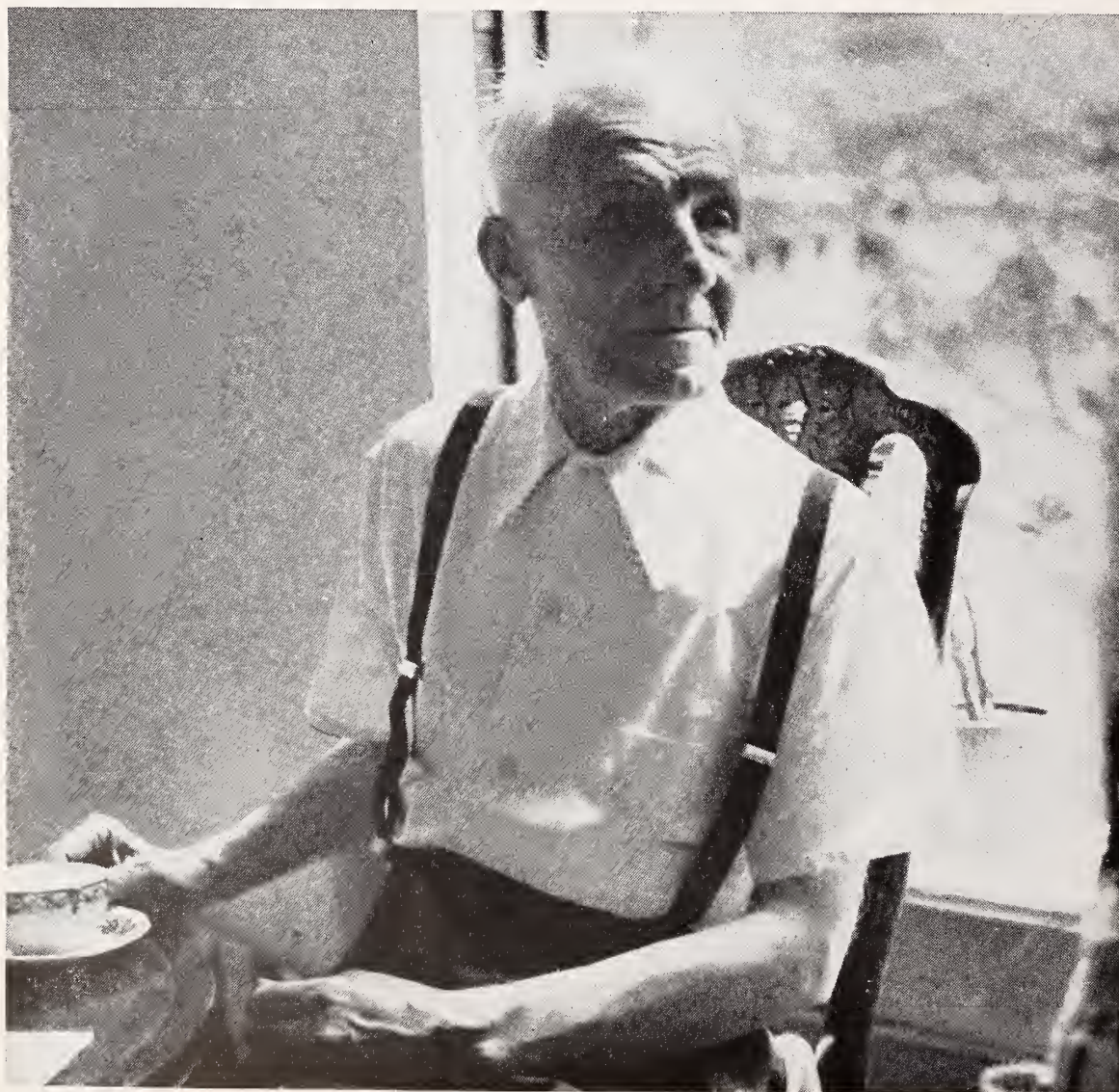
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# The *Journal*

of the INDIANA STATE MEDICAL ASSOCIATION

Supervised by THE COUNCIL

Volume 50 — October 1957 — Number 10

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## Upper Gastrointestinal Bleeding in the Aged

WAYNE H. THOMPSON, M.D.

JAMES M. LEFFEL, M.D.

*Indianapolis*

WHEN ONE IS CONFRONTED with a serious and interesting problem in his own institution the stimulation for academic research and analysis of the situation becomes intense. So it was with us, when, in the early part of this year, two of our elderly patients with massive upper gastrointestinal hemorrhage expired following efficient and technically sound surgical procedures.

It was felt that a review of gastrectomies and peptic ulcers with their immediate results should be undertaken at the Indianapolis General Hospital, a large charity institution, and a comparable group of private cases at the Indianapolis Methodist Hospital. Consequently, 142 consecutive cases were obtained from 1951 to 1956 at the General and 142 consecutive cases from the Methodist during 1954 to 1956.

The problem of massive gastrointestinal hemorrhage, especially in the aged, has been the object of much interest and investigation as evidenced by the abundant medical literature during the past decade. Many investigators feel that

Lester Dragstedt<sup>1</sup> stimulated the contemporary interest when he published his paper on vagotomy in 1943. Surgeons all over the country began to look closer at the problems concerning peptic ulcer and upper gastrointestinal hemorrhage. They found that the greatest mortality lay in the massive bleeders where mortality rates varied from 6.7 per cent to over 40 per cent in some clinics.<sup>2</sup>

Massive hemorrhage has been defined by Welch and Allen<sup>3</sup> as that condition existing in a patient where the hemoglobin is below seven grams or where the patient required five or more transfusions while in the hospital. Schear et al<sup>4</sup> do not feel that these definite criteria must be met in order to have massive hemorrhage. They feel that massive hemorrhage exists when bleeding can not be stopped or when the patient rebleeds at any time. Their statistics in the Armed Forces revealed a mortality rate in 23 massive bleeders of 26 per cent with an overall mortality of 3.23 per cent. From England, Illingworth<sup>5</sup> states that the blood loss is greater than is ap-

parent, as the stomach may hide three to four pints while large quantities may reside within the intestines. He and Porter<sup>20</sup> believe that the main danger is not immediate exsanguination, but rather, prolonged anoxia. When one considers that only 60 milliliters of blood will cause melena<sup>6</sup>, he realizes that this sign is not a good index to the present state of bleeding. Zamcheck<sup>7</sup> believes massive hemorrhage exists when there is gross hematemesis and melena requiring transfusions. We feel that the surgeon must correlate the laboratory and clinical findings with the treatment needed to keep that individual patient near his normal physiological state. Our interpretation of massive hemorrhage resolves itself to an evaluation of the individual patient by a competent surgeon.

We have gone along with the principle that if a patient has one massive hemorrhage he stands a 25 per cent chance of bleeding again, and if he has had two or more, this rises to 80 per cent.<sup>8</sup> We do not believe that transfusing a patient will cause further hemorrhage. Therefore, in the pre-operative preparation of our patients, we give blood as needed and in addition, agree with Gigot<sup>9</sup> that if the patient has had a weight loss he should receive an additional 40 cc's of blood for each pound of weight loss in order to build up the blood volume.

During the pre-operative period Levine tubes are anchored, not for suction, but for repeated aspirations to determine if there is blood in the stomach and if the bleeding is continuing. If there is no associated nausea or vomiting these patients are placed on a modified Sippy regimen. As suggested by Leffel<sup>10</sup>, medical consultation and evaluation of the poor risk patients is obtained, as many of our patients have numerous complicating diseases. We would like to point out that the patients seen in any general hospital are nutritionally different than those seen in private practice and, furthermore, they fail to seek medical aid as soon. The geriatric element is greater. We feel that these patients represent a far more serious problem than those seen in private clinics and hospitals and in most veterans hospitals.

We attempt to establish a diagnosis whenever possible by subjecting the patient to x-ray by the Hampton technique<sup>11</sup>. Ishard<sup>12</sup>, from the Albert Einstein Medical Center, stated that out of 131 examinations of this type in massive

bleeders, only 12 bled afterward, and of these, 8 were already bleeding prior to the manipulation. He feels that the roentgen diagnosis is often facilitated by hemorrhage rather than hindered by it, while in only 54 per cent of the bleeding ulcer patients at Cook County Hospital were the diagnoses made by x-ray<sup>19</sup>. We believe that this study should be done early as well as esophagoscopy, if that is planned.

Stewart and Sanderson<sup>13</sup>, Marshall<sup>14</sup>, Finsterer<sup>15</sup>, Welch<sup>16</sup>, and Warren<sup>21</sup> all suggest surgery in the aged not be delayed longer than 48 hours. Gordon-Taylor<sup>18</sup> reviewed his cases and found the mortality to be only 5.9 per cent following early surgery, while this rose to 36 per cent after 48 hours. Patients over 60 years of age do not tolerate surgery or massive hemorrhage well. In fact, Cole<sup>22</sup> has shown that in 2,557 major procedures of all kinds in patients under 60 years of age, the mortality was 2.07 per cent, while it rose to 5.1 per cent in 1,099 patients over 60. Ingelfinger<sup>23</sup> and Sanchez also agree. Welch has shown from Massachusetts General Hospital that massive bleeding mortality rises with the age of the patient. In patients below 50 years of age it was 6 per cent; 50 to 59, it was 8 per cent; 60 to 69, 29 per cent and over 70, it was also 29 per cent. Dunphy<sup>24</sup> shows that surgical mortality soon after admission or after recurrence of hemorrhage is about 10 per cent while with surgery as a last resort, this rises to 55 per cent.

The most common sites of bleeding in patients are esophageal varices, gastric ulcer and duodenal ulcer<sup>19</sup> in that order. Peptic ulcers make up over 50 per cent of all gastrointestinal hemorrhages. They occur in a ratio of four males to one female and are most common in the middle aged. Plewes and Pollock<sup>25</sup> believe that most patients have a severe exacerbation of ulcer symptoms prior to their massive hemorrhage.

When the patient is prepared for surgery he is usually intubated and given a general anesthetic. While we feel that the patient should reach the surgeon's hands in a short period of time, we also feel that the surgeon should expedite the surgical procedure. We are in perfect agreement with Harvey<sup>26</sup> at Presbyterian Hospital in New York and others, that ideally a 65 to 75 per cent subtotal resection including the ulcer should be done. However, in a small number of these patients, a subtotal resection may



not be feasible. Welch<sup>16</sup> makes the statement that hemostasis is never complete unless the actual bleeding vessel is ligated outside the ulcer bed. He recommends excision of the ulcer. Sometimes this cannot be done with dispatch, especially in a penetrating duodenal ulcer. Rarely exclusion may be necessary with catheter drainage of the duodenal stump. We would go along with Corff<sup>12</sup> that the elderly patient, if old and critical, may only stand ligation of the bleeder, followed at a later date with a more definitive procedure. Corff further states that if the patient is old and in less than fair condition, he transfixes the ulcer and does a vagotomy with a gastro-enterostomy. We think that in many instances one may do a more definitive procedure in the time it takes to do the latter two. We would rather consider a wedge resection of a gastric ulcer or a sleeve resection if a subtotal were not possible.

At the General Hospital five patients were operated upon with no definite site of hemorrhage being found. We believe a thorough and careful search of the entire intestinal tract must be made along with gastrotomy and duodenotomy to rule in or out a definite site for the hemorrhage. If, following this, none is found, and if the patient is in satisfactory condition, we would routinely do a high 75 to 80 per cent subtotal gastrectomy.

The procedures carried out on the 284 cases were as follows: 263 subtotal gastrectomies, 10 gastro-enterostomies, 5 total gastrectomies, 2 wedge resections, 2 sleeve resections and 2 pyloroplasties.

The post-operative complications causing mortality in our series were predominately pulmonary and cardio-renal. A surprising number of our elderly patients expired from bronchopneumonia. Autopsies on many of these did not reveal peritonitis or duodenal leak. In order to present a more complete picture of the entire series of 284 cases, the basic data has been set out in the accompanying tables.

In conclusion we would like to make the following points:

1. We are presenting 248 cases of elective surgery for peptic ulcer with a mortality of 2 per cent. In contrast, we present in addition 36 cases of massive hemorrhage with a mortality of 27.8 per cent.

TABLE 1: All cases studied exclusive of massive hemorrhage at the Methodist Hospital 1954-1956.

Type	No.	Deaths	Ages	Mortality
Duodenal Ulcer -----	100	1	69	1%
Gastric Ulcer -----	16	0	—	0%
Gastric Carcinoma ---	12	0	—	0%
Marginal Ulcer -----	1	0	—	0%
Miscellaneous -----	3	0	—	0%
	—	—		—
TOTALS -----	132	1		0.75%

TABLE 2: All cases studied exclusive of massive hemorrhage at the Indianapolis General Hospital 1951-1956.

Type	No.	Deaths	Ages	Mortality
Duodenal Ulcer -----	52	4	46, 52, 63, 67	7.7%
Gastric Ulcer -----	36	0	—	0%
Gastric Carcinoma ---	21	0	—	0%
Marginal Ulcer -----	2	0	—	0%
Miscellaneous -----	5	0	—	0%
	—	—		—
TOTALS -----	116	4		3.4%

TABLE 3: All massive hemorrhage cases at the Methodist Hospital 1954-1956.

Type	No.	Deaths	Ages	Mortality
Duodenal Ulcer ---	6	3	54, 62, 75	50%
Gastric Ulcer -----	3	1	67	33%
Marginal Ulcer ---	1	0	—	0%
	—	—		—
TOTALS -----	10	4		40%

TABLE 4: All massive hemorrhage cases at the Indianapolis General Hospital 1951-1956.

Type	No.	Deaths	Ages	Mortality
Duodenal Ulcer ---	11	1	47	9%
Gastric Ulcer -----	11	4	53, 72, 73, 78	36%
Marginal Ulcer ---	1	0	—	0%
Etiology Unknown	3	1	76	33%
	—	—		—
TOTALS -----	26	6		23%

TABLE 5: Total number of elective cases and massive hemorrhages at both hospitals for the designated periods.

Type	No.	Deaths	Av. Age	Mortality
			Death	
Elective Procedure --	248	5	59.4	2.0%
Massive Hemorrhage--	36	10	65.7	27.8%
	—	—	—	—
GRAND TOTAL ---	284	15	63.3	5.3%

Eleven or 73.3 per cent of our deaths occurred in patients over 60 years of age.

2. It is our intention to recommend careful observation and medical consultation together with pertinent diagnostic procedures on elderly patients with massive upper gastrointestinal hemorrhage, and surgery within the first 48 hours if at all possible.
3. We believe that subtotal resection is the procedure of choice, but in rare instances, a lesser procedure such as ligation of the ulcer, exclusion of the ulcer and wedge resection may be life saving in the critical patient. Definitive therapy may be carried out at a later date.
4. When the etiology is unknown following a careful search and the patient's condition will permit, we recommend a high subtotal gastric resection.
5. Our studies here bear out findings throughout the world that massive upper gastrointestinal hemorrhage in the aged is a serious disease associated with a high operative mortality and demanding the utmost in surgical judgment and skill.

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# Allergic Mechanisms in Industrial Dermatoses

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ALLERGY ACCOUNTS for an estimated 15 to 20% of the dermatoses seen in industry, yet is more often incorrectly accused. Sensitivity or toxicity to a medicament used to treat a cut or abrasion is often called occupational. A vesicant such as phenol will cause blistering in all. When such a primary irritant is used in patch testing, the resultant vesiculation and ulceration (which is, in reality, a burn) is often misinterpreted as an allergic reaction.

Figure 1 was taken from an article by Dr. Klauder<sup>1</sup> who investigated the cause of the dermatoses in 1,412 patients who applied to the Pennsylvania Compensation Board for benefits. It will be noted in his series that only 13.6% of the cases were due to allergy. Nonetheless, it is necessary to be conversant with other causes

as the patient comes uncatagorized. Furthermore, there is a frequent overlapping of causes.

Figure 2 lists the predisposing factors in industrial dermatoses. These factors may also prevent healing even after irritant and allergic factors are removed. Soap often aggravates dermatitis, as it adds to the alkalinity of the skin, as indicated in 5 in figure 2.

Figure 3 compiled by Phillips<sup>7</sup> lists the etiological factors in industrial dermatitis. Please note that allergy as a cause is confined to III-B, and is due to an allergic contact dermatitis.

Much of the original work in contact dermatitis was done with poison ivy oil. It was demonstrated that babies<sup>3</sup> and Eskimos<sup>4</sup> did not develop the typical vesiculation and oozing on first exposure. Repeated rubbing of the skin daily for from 10 to 14 days did result in sensitization. Thus, as in other forms of allergic disease, several criteria are fulfilled:

- I. Previous exposure to an antigen.
- II. Substance must be antigenic.
- III. A time interval for antibody development.
- IV. Union of antigen and antibody.

Dental plates as an example almost never produce a contact dermatitis, as they are made from completely polymerized acrylic plastics and are not antigenic. The union of antigen and antibody produces an "explosion," so to speak, in the tissues. The resultant chemical and physical changes when they occur in the respiratory tract produce hay fever and asthma. When this "explosion" occurs in or on the cells of the skin, we have urticaria, atopic dermatitis, or contact dermatitis.

Contact dermatitis, with which we are mainly concerned here, differs markedly from other

FIGURE 1

### ACTUAL CAUSES OF INDUSTRIAL DERMATOSES

Causes	Number of Cases	Per Cent
PRIMARY IRRITANTS	479	28.6
TRAUMA	378	22
-----		
SENSITIZING AGENTS	228	13.6
-----		
WET WORK (WATER, SOAP, DETERGENTS)	219	13.1
PETROLEUM AND OTHER AGENTS PRODUCING FOLLICULLITIS	154	9.2
PHYSICAL AND BIOLOGICAL AGENTS	36	2.2

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FIGURE 2

### PREDISPOSING FACTORS IN INDUSTRIAL DERMATOSES

- I. PRE-EXISTING SEBORRHEIC DERMATITIS OR ECZEMATOID DERMATITIS
- II. EXCESSIVE PERSPIRATION
- III. PERSONAL AND ENVIRONMENTAL UNCLEANLINESS
- IV. CONSTANT WETTING AND WASHING
- V. ALKALINITY OF SKIN OR INABILITY TO NEUTRALIZE ALKALI

allergic diseases. (See figure 4.) Atopy is a word coined by Coca which means "strange disease." The antibody here is called a reagin, which by definition is a skin sensitizing antibody. Reagin is also found circulating in the serum. The antibody in contact dermatitis is found in or on the cells of the skin. It is not found circulating in the serum. Spread of sensitivity here from skin cell to skin cell is thought to occur by contiguity and superficial lymph channels.

The skin tests used in atopic disease are the scratch test and the intradermal test. A small amount of dissolved ragweed extract scratched or injected intradermally into a sensitive individual will result in an urticarial wheal in from 10 to 20 minutes.

The skin test used in contact dermatitis is the patch test. The reaction is not immediate but delayed, requiring 48 or more hours. Instead of the wheal or hive seen in atopy, here we have papulation and vesiculation. Both are similar in that they result from union of antigen and antibody.

Recently<sup>5</sup>, attention has been called to the fact that in contact dermatitis, not only is the patch test applicable, but one also sees a delayed tuberculin type reaction after intradermal injection of antigen. At the present, however, this is not too practical except perhaps in tuberculosis. Here we have an excellent example of the use of both the patch test and the intradermal test to demonstrate a delayed type reaction in one sensitized to tuberculin.

If serum from a patient sensitive to ragweed is injected intradermally into the skin of a non-allergic recipient, the injected area becomes sensitized. Eight to 12 hours later the site will give a positive test to ragweed. This demon-

FIGURE 3

### ETIOLOGY OF INDUSTRIAL DERMATOSES

- I. MECHANICAL FACTORS:
  - A. FRICTION
  - B. ABRASIVES
  - C. PRESSURE
  - D. TRAUMA
- II. PHYSICAL FACTORS
  - A. RADIO-ACTIVITY
  - B. HEAT AND COLD
  - C. EXCESSIVE MOISTURE
- III. CHEMICAL FACTORS
  - A. PRIMARY IRRITANTS
  - 
  - B. CUTANEOUS SENSITIZERS
  -

strates that the antibody (or reagin) in atopic disease is present, circulating in the serum. This is known as the Prausnitz-Küstner phenomenon or passive transfer test. In contact dermatitis this test is negative. Nonetheless, using leucocytes plus serum it has been possible to passively transfer tuberculin sensitivity revealing, here at least, antibody is carried in the white cells.

In atopy, the antigen is usually protein but occasionally it is a polysaccharide. In contact dermatitis, the antigen is either an oil or a substance soluble in the oils of the skin.

Atopy is familial; contact dermatitis is not. The common diseases produced by atopy are hay fever, asthma, urticaria and eczema.

Patch testing is quite simple. Small adhesive patches for the purpose are obtainable commercially. However, all that is needed is a small piece of gauze, adhesive tape, and the suspected agent. In one sensitive to tape, scotch tape, collodion, or roller gauze bandage can be used. The suspected antigen, preferably in a liquid or semi-liquid state, is held next to the skin with gauze and secured with tape. Solid articles are dissolved, moistened with saline or "synthetic sweat." The formula for this latter may be found in Sheldon's Manual of Allergy.<sup>6</sup>

The test is best applied as close to the eruption as is practicable. Patch tests distant to the lesion may be negative in spite of true sensitivity, as distant skin cells may not as yet have been sensitized. It is well to beware of patch testing in the face of a severe dermatitis. Exacerbation



FIGURE 4

	ATOPY	CONTACT DERMATITIS
ANTIBODY	REAGIN, SKIN SENSITIZING FOUND IN SERUM	IN OR ON CELLS OF SKIN NOT IN SERUM
SKIN TESTS	SCRATCH OR INTRADERMAL	PATCH TEST AND OCCASIONALLY DELAYED TUBERCULIN TYPE REACTIONS
PASSIVE TRANSFER (PRAUSNITZ-KÜSTNER)	POSITIVE	NEGATIVE
REACTION	IMMEDIATE WHEEL	DELAYED PAPULATION AND VESICULATION
ANTIGEN	USUALLY PROTEIN AND OCCASIONALLY A POLYSACCHARIDE	AN OIL OR A SUBSTANCE WHICH DISSOLVES IN THE OILS OF THE SKIN
HEREDITY	FAMILIAL	NON-FAMILIAL
DISEASES PRODUCED	HAY FEVER ASTHMA URTICARIA ATOPIC DERMITITIS	CONTACT DERMITITIS

to the point of an exfoliative dermatitis may be produced.

Insofar as is possible, the substance used for testing should mimic actual exposure. The test should be read in from 48 to 72 hours. A positive patch test is, in reality, a miniature reproduction of the lesion. Papules, vesicles and pruritus are produced.

Eliminate primary irritants to the best of your ability. These when used in patch testing can within minutes to hours produce blistering. As soon as one realizes he is dealing with a primary irritant, the patch should be removed and the area cleansed. The patient should be instructed to remove immediately any patch test which causes pain, intense burning and itching or oozing. Such a test should not be interpreted as a positive patch test. Here, there has been no union of antigen and antibody. Nonetheless, it is often the answer to a puzzling eruption.

Figure 5 lists the most common sensitizers in

industry. Cosmetics were included not so much because of their sensitizing members of the beauty trade, but because they are frequent non-occupational causes. As we all know, any ailment that befalls a patient is due either to a shot his doctor gave him, his boss and occupation, or his mother-in-law.

Once the diagnosis of allergic contact dermatitis is made, two factors become important: occupation and body location. One of course must not forget household factors and hobbies. Thus, a rash on the hands of a doctor may be due to streptomycin, penicillin, procaine, rubber gloves or the grip on his golf clubs.

It is well to consult the charts which may be found in most standard allergy and skin tests. These charts will indicate the various sensitizers in specific occupations as well as body location. (See figures 6 and 7.) When applicable, these charts also give the strength of the various solutions to use in skin testing. Thus, silver nitrate

FIGURE 5

### COMMON SKIN SENSITIZERS IN INDUSTRY

- I. RESINS (BAKELITE)
- II. PLANT OILS  
IVY, OAK, PRIMROSE, PINE, RAG-WEED
- III. MEDICATION
  - A. ANTIBIOTICS
    - 1. PENICILLIN
    - 2. STREPTOMYCIN
  - B. OINTMENTS AND LOTIONS
    - 1. MERCURY
    - 2. TAR
    - 3. LOCAL ANESTHETICS END-ING IN "AINE"
  - C. OTHER AGENTS
- IV. COSMETICS
- V. NICKEL, RUBBER, OILS, GREASES, DYES, INSECTICIDES, SOAPS, PLASTICIZERS

as a 5% aqueous solution may be a sensitizer to a photographer. In stronger solution it becomes a primary irritant.

The aim of therapy is removal of the cause. It is true, however, that occasionally in a mild dermatitis, a worker who is only moderately exposed will undergo a "toughening" or "hardening" process. If his exposure is increased, his eruption will recur.

Recently, English workers<sup>7</sup> have treated contact dermatitis from streptomycin and penicillin with repeated minute injections of these drugs. One to 20 units were injected subcutaneously daily until tolerance was produced.

I would like to say a word about steroids. When an exfoliative dermatitis is either imminent or present, steroid therapy can be life saving. It is well to remember that if the causative agent is not removed, after discontinuing steroids the eruption will recur. The dangers of steroid therapy have been well documented, and it behooves one to be assured that the risk involved is indeed well calculated. Steroids also will often nullify patch testing by suppressing papulation and vesiculation even when true sensitivity exists. Locally, steroids are, on occasion, a powerful adjunct to symptomatic care in .5 to 2% strength. At other times they are worthless.

Contact dermatitis is a self-limiting disease if the patient is removed from the offending al-

FIGURE 6

### COMMON CAUSES OF CONTACT DERMATITIS IN OFFICE WORKERS

- I. DYES AND INK
- II. GLUE
- III. PAPER
- IV. CARBON PAPER
- V. RUBBER BANDS
- VI. RUBBER FINGERS

FIGURE 7

### CONTACT DERMATITIS OF EYELIDS

- CLEANING FLUIDS
- COSMETICS
- EYE DROPS
- EYE OINTMENT
- FRESH PAINT
- FLOOR POLISH
- FURNITURE POLISH
- HAIR DYES
- NAIL POLISH
- NAIL POLISH REMOVER
- NOSE DROPS
- ORANGE & APPLE PEELS
- SOAPS
- TURPENTINE

lergens. Therefore local therapy is symptomatic and not curative. Care must be exercised not to add an irritant or additional sensitizing agent to already insulted tissues. It is axiomatic in allergic contact dermatitis that "Cure results not from what is put on the skin but from what is kept off the skin."

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# School Vision Screening

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**I**N THE LAST FEW YEARS there has been an increasing interest in the vision screening of school children. Whether such an examination is a necessary and proper function of the school system seems to be no longer in question. In communities without ophthalmologists the general physician may be called upon by the schools for advice in the establishment or evaluation of vision testing. Without special training and experience it is difficult to decide which procedures to recommend. Unfortunately, those methods which seem to be the most modern and comprehensive are usually the least desirable. It is the purpose of this report to review the present situation briefly.

A perfect screening test is one which finds all those needing further care and refers no one unnecessarily. Such a test has not been found and probably never will be. However, it is possible to make some definite statements regarding desirable and undesirable features. A good vision screening test must be 1) quick, 2) inexpensive, and 3) simple for both examiner and child. It should find those children needing eye care without referring too many who do not. No one outside of the ordinary school system should be required to administer or interpret it. It is undesirable and actually improper for a physician or optometrist to give the test and it must not be so complicated that a technician is necessary. Ideally, it should be given by the school nurse after instruction of the children by their teachers.

Intricate and costly mechanical means of screening vision are being actively promoted today for use in the schools. These include the Telebinocular, Ortho-Rater, and Sight-Screener. The only thing to be said in their favor is that they find a high percentage of children needing

care. The characteristic which supposedly makes them superior to other methods of testing is the very thing which makes them unsuitable for use with children—their comprehensiveness and complexity. Because of this, an extremely high rate of over-referral is found with their use. More than half the children tested usually fail and in a recent careful study there were between 54 and 71 per cent failures. A few unnecessary referrals are inevitable with any screening test, but when there are too many, the parents, schools, and eye doctors will have no confidence in it and its usefulness will be destroyed. These tests are time-consuming and with hundreds or thousands of children to screen in each school, this is a serious defect. Nurses, teachers, and school children have many other duties to perform and must balance their time accordingly. These machines are costly to buy and maintain and this expense is not justified by the results obtained. The superficial appeal of these machines is great but, although they have a use in industry, they are definitely not recommended for screening school children.

Physicians and eye specialists—ophthalmologists and optometrists—should give advice only. They should not actually administer a screening test. Large numbers of children are being checked, each one briefly, and the professional man is doing something which could be done equally well by a nurse or teacher. His time and ability are being wasted and if he tries to make a real diagnostic examination, he will take far too much time with each child. Then it is no longer a screening test and the specialist would be better off working in his own office, using the proper equipment. In addition, a screening test done by an eye specialist gives it an importance it should not have and parents think that their

children have had a real examination. A screening test, by its very nature, cannot take the place of a thorough, individual examination.

The National Society for the Prevention of Blindness at the present time recommends an annual vision test using the Snellen card at 20 feet. Children are referred if: (1) they fail the vision test, or 2) they have signs or symptoms suggesting eye disorder (redness, styes, squinting, headaches, difficulty reading, etc.). A pamphlet describing the procedures may be obtained by writing the Society at 1790 Broadway, New York 19, N. Y. and requesting Publication No. 180. It is felt that this method will find not only nearsightedness but significant amounts of farsightedness, astigmatism, muscle imbalance, or any other defects of importance. If an eye condition does not impair vision or cause symptoms, the child need not be referred for treatment. The proponents of more complicated testing procedures are saying that there are children with good sight, normal-appearing eyes, and comfortable vision who need some kind of treatment. This is debatable. Certainly, color vision and depth perception need not be checked, but many feel that special tests for farsightedness and muscle balance should be included.

In an attempt to devise a simple yet comprehensive test, the Massachusetts Vision Test was developed. This included three parts: I. Snellen test for visual acuity, II. Snellen test with the child wearing glasses for farsightedness (normal eyes should blur), and III. Maddox rod test for muscle balance at 20 feet and 16 inches. In Part III, the child was asked to locate a line of light in relation to pictures of a house (20 feet) and an airplane (16 inches). This part was time-consuming, confusing to the child and to those administering the test, and it seemed that the time and effort involved produced few practical results. A simplified test to replace Part III was recently reported by Samuel Diskan, M.D., of Atlantic City. Red-green glasses are placed on the child and he is asked merely if a red spot is seen inside of a green rectangle. If not, he is referred. The test is done only at 20 feet and the near test eliminated as too inconsistent. Dr. Diskan found that a child could be screened for vision, farsightedness, and muscle balance in 50 seconds as compared with 2.4 minutes for the Massachusetts Vision Test, which in turn is much faster than the mechanical tests. If further

experience with this new test is favorable, it may be the most suitable. Until these points are settled, however, the schools will be above real criticism if they follow the procedures outlined by the National Society for the Prevention of Blindness.

In Evansville, a city of 130,000 with a school population of 22,000, the Society's recommendations are followed. Each child is given a Snellen vision test annually in grade school and every two years in high school. Those failing the test or those with eye symptoms are referred for professional examination. As is true in many communities, there has been criticism lately of this method and suggestions made publicly that more comprehensive tests be made with modern equipment, preferably by a group outside of the school system. Therefore a survey was made during the school year 1955-1956 using the regular screening method. The entire kindergarten and third grade were studied in four public schools. The children were taught how to take the test by their own classroom teachers and the screening was done by the nurse in each school. An ophthalmologist observed the beginning of the testing in the four schools to make sure that the nurses were familiar with the most desirable techniques of checking young children. Each child who failed was re-examined a few days later and a real effort was made to see that those who failed the retest went to the eye specialist of their parents' choice. It is a credit to the school nurses that due to their interest and ability 100 per cent went.

The study was undertaken because the School Health authorities and the consulting ophthalmologist wanted to be sure that the methods in use were adequate. It was essentially a preliminary survey and a basis for future investigation.

The results are summarized in the accompanying table and will not be described in detail. They are not important in themselves, but one or two significant things stand out. The need for re-examining children who fail the first test is strikingly shown. Two out of three passed the retest and were therefore not referred. If only one test had been done, there would have been 68 incorrect referrals instead of only 4, and at least 64 children would have had their eyes examined unnecessarily. The visual acuity test with the Snellen card is the simplest of all the screening methods in use but even so this high degree



of error is possible when testing young children. One can then understand the amount of confusion and incorrect referrals arising from the use of more complicated tests.

Our figures showed an over-referral rate of 11 per cent of those failing the test, which is within accepted limits. They also showed a lower than average rate of referrals: 4 per cent of the number examined instead of the usual 10 to 20 per cent. This can be partly explained by the careful retesting but it could also mean that some children were missed by the screening test. Accordingly, a sample of those passing the test was examined by an ophthalmologist at the school dispensary. There were 732 children who passed and 100 of these, or 14 per cent, were checked with cycloplegic drops. The examination consisted of an external inspection, cover test for muscle balance, actions of the ocular muscles, examination of the interior of the eye with the ophthalmoscope, and estimation of the refractive error using lenses and the retinoscope. No child was found in this sample who needed glasses or any eye care. This cannot be taken as evidence that every child needing treatment was referred, but it indicates that very few were missed. Since the main criticism of the Snellen method is on this point, our study gives no support to such criticism.

CONCLUSIONS

1. There was no evidence from this study that the Snellen test plus referral for symptoms was an inadequate vision screening procedure: a) of those referred, 89 per cent were correct, b) there were not too many incorrect referrals, c) there was no evidence that children needing care were missed.
2. Retesting of all children who fail the first examination is essential.
3. Other screening procedures are being evaluated at the present time. It may be found practical to add tests for farsightedness and muscle balance in the future.

4. Complex mechanical tests suitable for industrial screening are definitely not recommended for children.
5. The medical profession in each community should help the local school health authorities with the vision screening program and not let this important phase of preventive medicine be taken over by a non-medical group.

SUMMARY

SCHOOL VISION SCREENING SURVEY  
IN EVANSVILLE

(Snellen card at 20 feet. 20/30 acceptable for kindergarten, 20/20 for third grade.)

Total examined	769	
kindergarten	374	
third grade	395	
Failed first test	101	(13%)
Failed retest	37	(4%)
Referrals	37	
correct	33	(89%)
incorrect	4	(11%)
Sample of children		
who passed screening	100	
number needing eye care	0	

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# Effects of Athletic Activity on Composition of the Urine\*

C. FREDERICK KURTZ\*\*

M. MAX WESEMANN

PHILLIP RUFFALO

WILLIAM J. GRAY

*Franklin*

IT HAS BEEN RECOGNIZED for a long time that humans may excrete abnormal substances in the urine after strenuous or violent exercise. Hematuria in boxers has resulted in regulations which prevent kidney punches. Hematuria with casts in the urine of football players has often caused concern as to whether it is the result of trauma or of acquired disease.

Robust and vigorous young men who were presumably in excellent health gave us an opportunity to study the effects of strenuous exercise on the excretion of abnormal substances in the urine. In view of the usual concern for patients with hematuria, albuminuria, and casts in the urine, this study afforded an opportunity to determine whether this is a temporary process or evidence of permanent disease.

A survey of the literature of the last 25 years concerning the relationships between exercise and urine composition revealed many diversified approaches to the subject.

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\*\*The authors were students at Franklin College, Franklin, Indiana, at the time this paper was written. Mr. Kurtz is now attending Western Reserve University School of Medicine; Mr. Wesemann, who made the graphs, is at Indiana University School of Medicine; Mr. Ruffalo is at Northwestern University Medical School, Chicago; and Mr. Gray is completing his final year at Franklin College.

Selman and Gualano<sup>1</sup> studied the urine of high school football players before and after two games. A mean rise of 0.0018 in specific gravity was observed. Ninety-two per cent of the post-game specimens contained albumin. Acetonuria was not found, nor was glycosuria.

Casts were not found in pre-game urines, but hyaline and/or granular casts were found in 22 of 27 post-game specimens. Red blood cells were found in 4 pre-game specimens. In the post-game urines of these four men and of eight other players red blood cells were found.

Boone, Haltiwanger, and Chambers<sup>2</sup> found a high incidence of hematuria following the playing of football. This they attributed to strenuous exertion, as well as bodily contact. The urine was normal after a rest period, and no progressive increase in production of abnormal substances during the season was observed. Six of 37 players had gross hematuria after exercise.

Barach<sup>3</sup> examined the urine before and after a marathon-type race. Albumin and acetone appeared in all post-exercise specimens, sugar in none.

Javitt and Miller<sup>4</sup> considered three possible causes of exercise proteinuria: (1) increased glomerular filtration of protein due to damage by anoxia, or (2) by increased acidity of the blood, and (3) decreased tubular reabsorption of protein due to increased urine acidity. No correlation was found with urine acidity, but very significant correlations were found with blood pH and depressed glomerular filtration rate, related to decreased renal blood flow.



Preferential excretion of globulin, over albumin, was noted. A relationship was suggested between proteinuria and increased permeability of the glomerular intercellular cement, induced by decreased blood acidity potentiated by increased renal cortical acidity resulting from partial renal ischemia.

Lowbury and Blakely<sup>5</sup> examined a patient with no record of urinary abnormality or disease who suffered paroxysms of hemoglobinuria and albuminuria of several hours duration following exercise. Over a period of time the paroxysms became more frequent and were produced after less violent exercise. The patient had no other evidence of disease. Before exercise his urine was normal. Analysis failed to discover any intravascular hemolysins, and experiment indicated there were none produced in the muscles during exercise. The absence of systemic hemoglobinemia confirmed the evidence against intravascular hemolysins. Exercising by cycling while recumbent and supporting the buttocks with the hands, failed to produce either albuminuria or hemoglobinuria, indicating that the paroxysms were related to posture, caused by lordosis. They postulated that the hemolysins must have been produced in the vessels of the kidney, probably as a result of kidney injury.

Hellebrandt, Brogden, and Kelso<sup>6</sup> made a study of the relationship between intensity of exercise periods, pulse pressure, and albuminuria of women athletes, on an electrodynamic brake bicycle ergometer. Two types of albuminuria were found. One form occurred during a period of post-exercise low blood pressure following a relatively long time after the cessation of moderate, prolonged and steady exercise. Another form appeared during long bouts of rapid and exhausting work or shortly after the termination of brief, violent exercise of speed. The albuminuria occurring during exercise or shortly after its cessation was found unrelated to the concomitant variations of pulse pressure, but etiologically related to the speed of doing work, occurring only after violent and rapid muscular exertion. These findings were explained by the hypothesis that exercise of speed brings about a generalized systemic increase in acidity of the blood, which alters the permeability of the renal tissue to blood proteins, in consequence of which albumin appears in the urine.

Foster<sup>7</sup> studied athletes' urine voided before and after a race up Mt. Washington. Seventeen of 18 pre-race specimens were alkaline; 15 of 18 post-race specimens were acidic. Four runners' pre-race specimens contained slight traces of albumin; their post-race specimens contained higher concentrations of albumin, and 12 other runners voided post-race albumin. Sugar was found in four pre-race specimens, but not in post-race specimens. Casts and epithelial cells were increased in all post-race specimens.

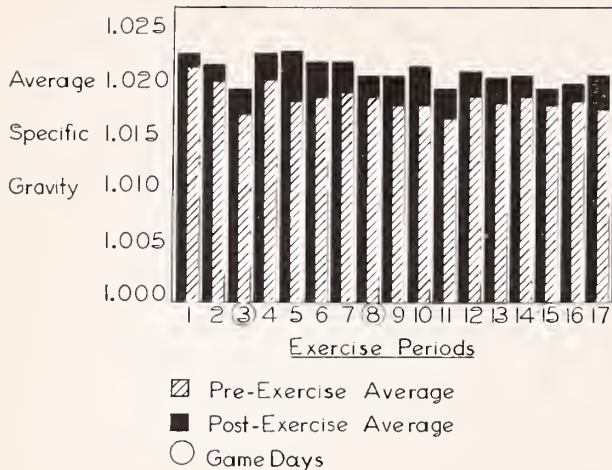
Gardner<sup>8</sup> studied extensively the urine of a university football team. He chose certain criteria for "abnormal" urine; at least one plus albumin; at least three red blood cells and five casts per high power field. Forty-four per cent of post-exercise specimens were abnormal by this criteria. Most abnormalities were found to disappear within three days, and every player submitted at least one entirely normal control specimen. The author proposed the name "athletic pseudonephritis" for this condition.

Attlee<sup>9</sup> described two cases of hemoglobinuria in high school students after running on hard-surfaced roads. Both passed dark brown urine, containing hemoglobin and albumin, but no red blood cells. The condition was reported only after running on a hard surface, and disappeared within six to eight hours after the exercise period. Neither student had marked lordosis, anemia, or jaundice. No explanation of the condition was attempted.

Hobbs<sup>10</sup> reported two cases in which soldiers voided bloody urine regularly after marching long distances. The only significant laboratory findings were hemoglobinuria, hemoglobinemia, leucocytosis, and an abnormal albumin-globulin ratio. The hemoglobinemia indicated general intra-vascular hemolysis rather than hemolysis within renal vessels only. Attempts to establish experimentally that these patients' erythrocytes were unusually susceptible to mechanical trauma brought negative results. Specimens of blood from the patients and a control group were similarly affected by treatment in a Kahn shaker.

Hyman<sup>11</sup>, studying the incidence of epithelial cells in football players' urine, discovered a significant increase in the concentration of such cells following exercise. He suggested that the increased exfoliation resulted from swirling of the urine over the mucosa of the bladder, rather

GRAPH No.1



than from any direct effect of exercise upon the tissues.

## PROCEDURE AND DATA

### Study A

Urine specimens were collected periodically during the Franklin College football season before and after heavy practices and home games, for a total of 17 days. These 17 days included 3 home games; the other 14 days were of most strenuous practice. The urine was tested for specific gravity, reaction, glucose, and albumin. Albuminuria was detected by the sulfosalicylic acid method and confirmed by the nitric acid ring test (Heller's test), and by precipitation

with heat and acidifying with acetic acid. Occult blood was determined by the benzidine test. The urine sediments were examined for casts, red and white blood cells, and crystals. Thirty-eight players participated, but our report is concerned chiefly with the 23 most active men for more accurate interpretation of data.

The urine specific gravity of this group showed a mean rise of 0.0026 following exercise. The average readings were 1.0188 before exercise and 1.0214 after practices and games. Graph 1 compares average specific gravities before and after exercise periods. The graphs 2A and 2B show the number of men within particular ranges of average specific gravity.

Before exercise 65% of the specimens were basic, 25% acidic, and 10% neutral. After exercise 14% basic, 74% acidic, and 12% neutral (graph 3).

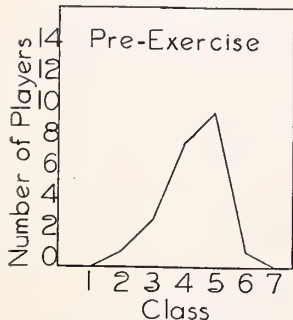
Two players excreted albumin in all specimens before exercise and in greater amount afterward. Eight other players excreted albumin only once, one man twice and another man six times before exercise. Every man of the 23 active players excreted albumin following one or more exercise periods. The pre-exercise incidence of albuminuria was 14% and the post-exercise incidence was 48%. The incidence of albuminuria following games was 65%, following practices 37%. Graph 5 shows the relationship between intensity of exertion and excretion of albumin, comparing practices and games, and graph 6 compares pre-exercise and post-exercise incidences of albumin.

Glucose was not found in any specimen.

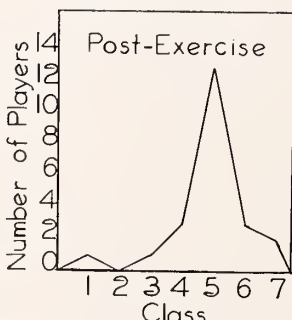
The pre-exercise incidence of hyaline casts was 2.7%. Hyaline casts were present in 70%

CLASS INTERVALS	FREQUENCY	
	Pre-Ex.	Post-Ex.
1.0036-1.0075	0	1
1.0076-1.0115	1	0
1.0116-1.0155	3	1
1.0156-1.0195	8	3
1.0196-1.0235	10	13
1.0236-1.0275	1	3
1.0276-1.0315	0	2

GRAPH No. 2A

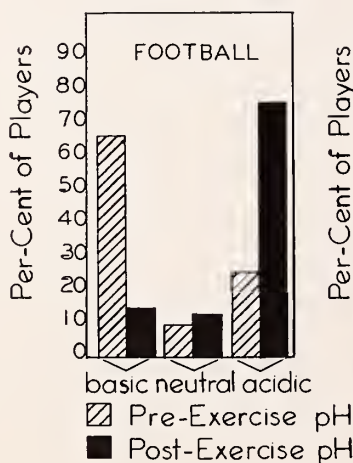


GRAPH No. 2B

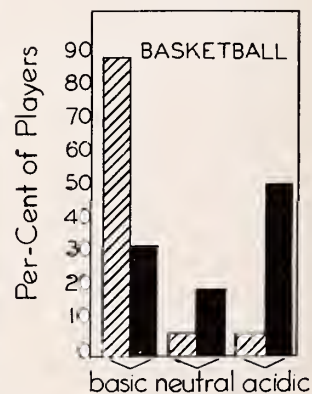


DISTRIBUTION of SPECIFIC GRAVITY  
of the  
TWENTY-THREE FOOTBALL PLAYERS

GRAPH No. 3

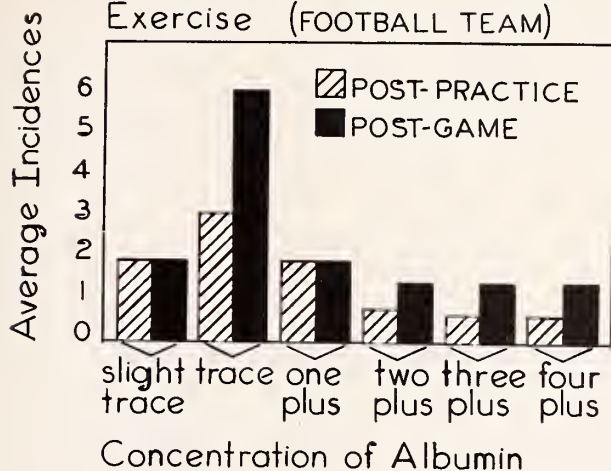


GRAPH No. 4





GRAPH No. 5  
Excretion of Albumin after  
Exercise (FOOTBALL TEAM)



of post-game specimens, including at least once in every player's urine, and in 43% of post-exercise specimens. Granular casts were not found in pre-exercise specimens; they were present in 12.4% of post-exercise specimens, and in 30% of the post-game specimens. Graphs 8 and 9 compare the incidences of hyaline and granular casts before and after exercise.

Red blood cells were present after exercise once in the urine of each of eight players. White blood cells were present above normal concentration one to four times in each player's urine, this being in the absence of any known infection.

Abnormal substances produced by exercise were absent before the next testing period, which occurred in some instances within a 24 hour interval.

#### Study B

Urine was obtained from a cross-country runner after a heavy practice, and before and after a competitive race. These specimens were studied as previously.

The runner's pre-exercise specimen

was normal. After both periods of effort red blood cells with marked gross hematuria and highly concentrated albumin were present. After the practice session, a high concentration of granular casts was also present.

#### Study C

Specimens of the urine of 15 varsity basketball players, taken before and after two games, were analyzed. The contents of the urines of the eight men participating in both games were studied statistically.

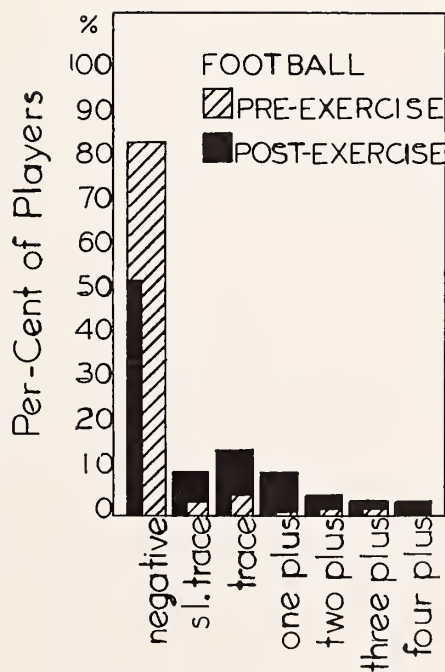
The eight players' urines had a mean rise in specific gravity of 0.0012.

Before exercise 87.5% of the specimens were alkaline, 6.25% were acidic, and 6.25% were neutral. After exercise 31.25% were alkaline, 50% were acidic, and 18.75% neutral (graph 4).

One player excreted albumin before both games, and six men excreted albumin in at least one post-game specimen. The pre-game incidence of albuminuria was 12%; the post-game incidence was 63%. Graph 7 compares pre-exercise and post-exercise incidence of albumin. In pre-exercise specimens, casts were not found. Hyaline casts were present in post-game specimens of six players, with an incidence of 68%. The post-game incidence of granular casts was 44%. Graphs 10 and 11 compare the incidences of hyaline and granular casts before and after exercise.

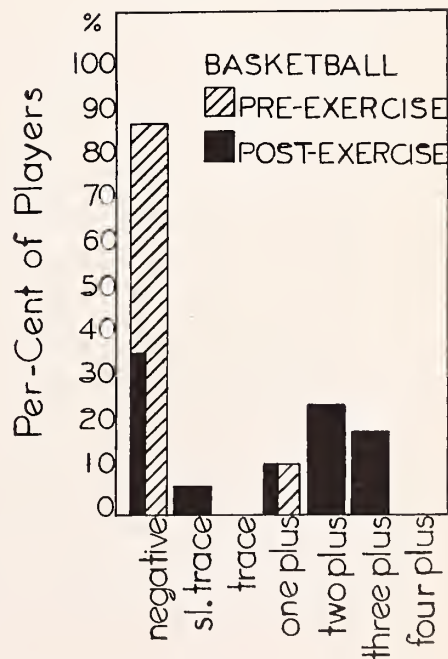
Neither hemoglobinuria nor glycosuria oc-

GRAPH No. 6



Concentration of Albumin

GRAPH No. 7



Concentration of Albumin

curred among members of the basketball squad.

SUMMARY

A rise in the specific gravity of 0.0026 occurred during exercise.

Three times as many specimens were acidic following exercise as before; this suggests that urine acidity is a normal result of exercise.

The high incidence of proteinuria in all three studies, 65% for the football players and 63% for the basketball players, indicates that this condition may occur after exercise in the absence of kidney disease.

Similarly, the high incidence of casts, 70% for the football players and 68% for the basketball players, indicates that this condition may be expected among athletes without disease.

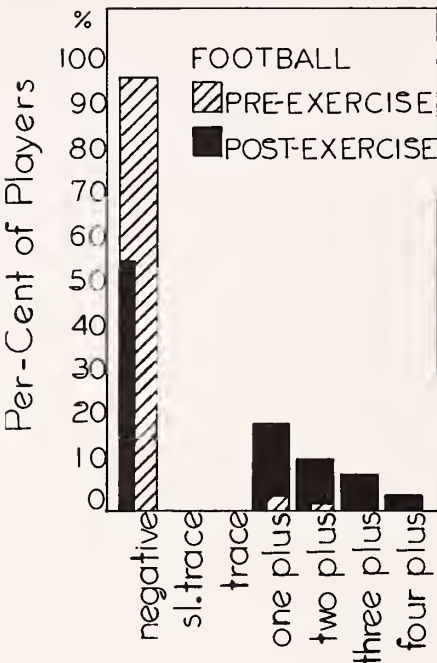
Hematuria occurred less frequently than albuminuria or voiding of casts, but often enough to be considered a concomitant of exercise.

In our study glycosuria was not found in healthy athletes after exercise.

The disappearance of abnormal products in the urine within 24 hours after exercise indicated that no permanent damage occurred. The incidences of abnormal products in the urine did not change progressively during the season.

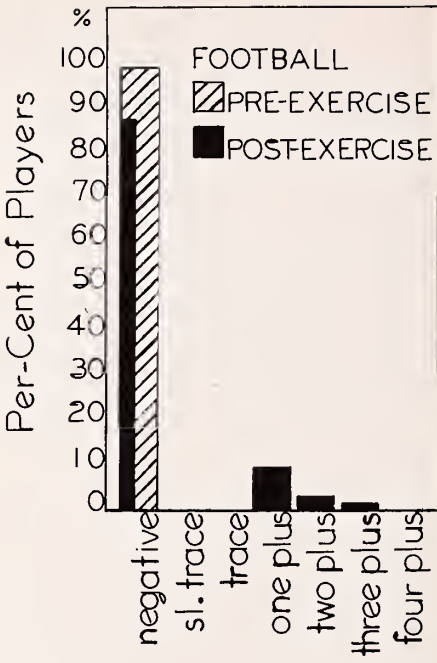
The studies here undertaken indicate that substances in concentrations generally associated with renal disease may appear in the urines of apparently healthy persons after exercise. It is possible that these post-exercise conditions are related to inherent weakness in the subjects' renal systems. An extended study of these candidates in later years may be interesting.

GRAPH No. 8



Concentration of Hyaline Casts

GRAPH No. 9



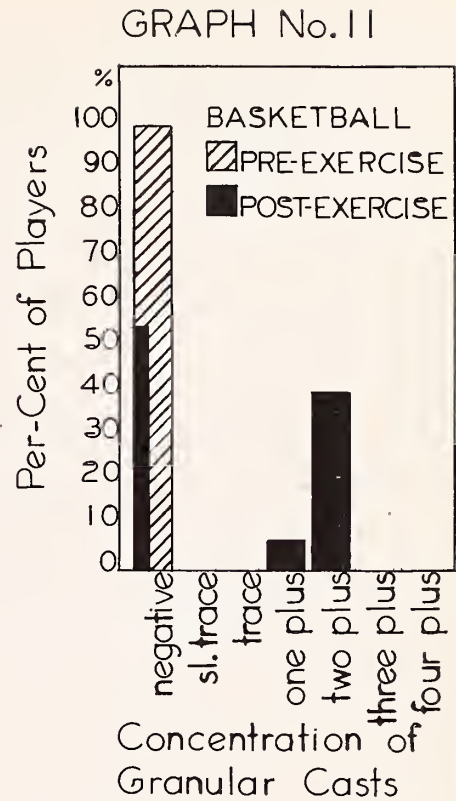
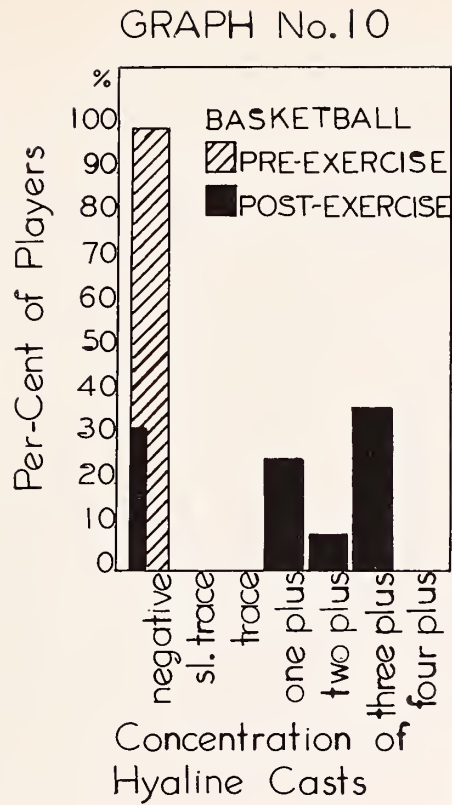
Concentration of Granular Casts

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**Note:** Dr. W. G. Hibbs, Franklin, served as counselor to the authors. A graduate of Rush Medical College, Chicago, and Clinical professor emeritus in medicine at the University of Illinois College of Medicine, Dr. Hibbs was in semi-retirement at the time. He has recently become staff physician for the Masonic Home at Franklin.



### HOW YOUNG REPUBLICANS LOOK AT U. S. HEALTH PICTURE

The Young Republican National Federation held its convention in Washington, D. C., on June 22. Its action on health and public welfare is of interest to physicians.

The Young Republicans hammered out a well-written 1957 platform covering everything from taxes to Indian lands. The platform section on public welfare reads:

"Health statistics reflect the remarkably high level of health of the American people. Our life expectancy continues to increase; the more serious communicable diseases, including poliomyelitis, are being brought under control. Unexcelled sanitation programs have produced safe food and water; advances in industrial hygiene have brought protection from industrial hazards; research in medical science has pushed nearer the day when successful prevention or treatment of cardiovascular diseases and cancer may be achieved; voluntary health insurance of many different kinds has been made available through competitive enterprise that is cushioning the shock of the cost of illness to the majority of our people.

"To maintain these advances and promote continuing progress we pledge our support to the healing professions in their enterprising efforts to promote better health for all Americans.

"We support the free-enterprise system in health because of its proven ability to achieve its objectives. We oppose all efforts to impose Government control over the medical profession and other healing arts through compulsory health insurance or any other proposal that seeks that end.

"We endorse Federal financial support of research in health as long as such funds can be used with maximum efficiency."

—George F. Lull, M.D., in *A.M.A. Secretary's Letter*.

# The *Journal*

of the INDIANA STATE MEDICAL ASSOCIATION

*Devoted to the interests of the medical profession of Indiana*

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## MEDICAL INSURANCE—PEOPLE VOICE THEIR OPINIONS

1. *What medical services do people want covered by medical prepayment plans, and what do they feel is the order of priority for these services?*
2. *How much will people be willing to budget for these services, and which of the services are they most willing to pay for?*
3. *What do doctors want from any medical insurance plan?*
4. *What do people really need in the way of medical services to keep us the healthiest nation in the world?*

**A**LL DOCTORS who have had experience in management of medical insurance companies will recognize that the answers to the above four questions would constitute the most valuable information which is now needed to determine the future course of medical insurance.

Medical insurance plans, since their inception, have been subjected to advice from all directions. Noisy minorities and spokesmen for larger groups with possibly too little true representation have been especially vocal.

Dr. L. Fernald Foster, President of Michigan Medical Service, summed up the problem by say-

ing: "Voluntary, pre-paid medical and surgical care plans have long been the target of leaders of various pressure and special interest groups who have claimed the people want more comprehensive coverage than is currently offered. Now the medical profession is going to find out what the people actually do want and what they are willing to pay for."

The Michigan State Medical Society decided six months ago to determine the answers to the four questions by conducting, with the help of the Michigan Health Council, a state-wide survey.

This has now been accomplished and by the



time this editorial is published a comprehensive report will have been made to the delegates of the Michigan State Medical Society.

In making the survey, more than 640,000 persons had an opportunity to express their opinions, either by personal interview, by mail, or through questionnaires printed in newspapers. The project received the support of many newspapers and was publicized widely by radio. The Detroit Times commented in part as follows:

"It's clear enough that strong public sentiment favors putting more medical care on a payment-every-month basis.

"But how far should this go? There is a difference between wishful thinking and hard-headed preference. Naturally we all would like to have a plan that would include everything we ever might want—at a modest price.

"The problem here is to find out what people really want, in view of the inescapable fact

that whatever we get has to be paid for."

The questionnaires and interviews were scientifically distributed so as to produce a true cross-section of public opinion. Lansing was designated a control city because its people represent all ethnic, economic and occupational groups.

The basic questionnaire was sent to all occupational groups including physicians. In addition a special and more technical questionnaire was sent to all Michigan physicians. A special committee was appointed from the Michigan State Medical Society to review former studies and surveys, and to compose an answer to question number four.

All state medical societies were invited to send a representative to the House of Delegates meeting which received and discussed the report on September 23. The JOURNAL staff expects to be able to publish a report on the proceedings at an early date.

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## AUTOMOTIVE CRASH INJURY RESEARCH

SINCE CORNELL UNIVERSITY BEGAN its study of fatality factors in automobile accidents it has been evident that occupants who were ejected from the car were subject to increased risk of serious injury and death.

During the first part of the research study data indicated that the mortality rate was about double for passengers who were propelled from the car, as compared to those who remained inside. The last annual Cornell report, published in March 1957, and documented by reports of thousands of fatal accidents, shows that ejected occupants have a five-fold greater risk of fatality over non-ejectees.

Crash injury research reports prior to 1955 all tended to show that injuries would probably be lessened in frequency and severity if seat belts were used to lessen the number of passengers thrown from the car. Seat belts were recommended also to reduce the amount of energy applied to passengers by increasing the time in which the energy was absorbed. More efficient door latches were recommended to minimize the ejection factor. Padding of interiors was advo-

cated to cushion the exchange of energy at impact.

Many automobiles manufactured since 1955 have been built with safety factors as suggested by the Cornell laboratory. The March 1957 report is the first report which has had an opportunity to give the box score on the results. Even though the data on 1956 models is limited as compared to the data on older cars there is indication that the use of seat belts and safety door latches has already contributed considerably to greater safety.

The frequency of front-door openings has been 26 percent lower in 1956 models. This is true even when roll-over accidents are included. In non-roll-over situations front-door openings in 1956 autos have decreased by 34 percent.

Occupants of 1956 automobiles experienced 50 percent fewer ejections through open doors.

Occupants of 1956 automobiles sustained nearly 30 percent fewer dangerous or fatal degrees of injury. This decrease is thought to be

*Continued*

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# ACHRO

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control, with minimal side effects,  
over a wide variety of infections -  
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day's foremost antibiotics.

due to fewer ejections and also to recessed-hub steering wheels and padded interiors.

Users of seat belts had 60 percent less risk of sustaining injury than did non-users. The same percentage reduction of injury was found to apply to moderate through fatal grades of injury.

The report, as always, is conservative in its conclusions. The above data and others are based on relatively small numbers of accidents as compared with the preliminary study. The significance of the findings will be enhanced by further observations.

Automotive crash injury research was originated in Indiana by the State Police. The help of the Department of Public Health and Preventive Medicine of Cornell University Medical College was integrated with the program at an early stage, because of Cornell's experience with aircraft crash research on a similar approach. Ad-

ditional states have been added to the Cornell study, until now 12 states and 1 separate city are contributing to the study.

The Armed Forces Epidemiological Board, the National Institutes of Health of the U. S. Public Health Service, the Ford Motor Company and the Chrysler Corporation have given grants for the furtherance of this research.

In the future the program will be broadened. Some of the factors already discovered will require a much larger mass of data before the conclusions are statistically sound. The effectiveness of current protective devices will be evaluated. New devices will be studied.

The medical profession of Indiana may be proud of its participation and support of the program. It gives promise of providing important knowledge necessary to the solution of one of the great public health problems of the automobile age, that of death by automobile.

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## A NEW WAY OF DYING

**T**HIS INTRIGUING TITLE is that of a widely circulated article<sup>1</sup> by an anonymous author. In it she describes vividly the agony of her husband's death, prolonged by the "miracles" of modern medicine—the intravenous feedings, the gastric suction, the oxygen bubbling on its way to the nasal catheter, and the never-ending series of injections. She recounts the lack of comfort she experienced from the well worn phrases "the patient is holding his own" and "we're doing all we can," and makes clear her conviction that death is robbed of its dignity by the impersonal and mechanistic measures found in the modern hospital. Through the article runs the theme that the patient is struggling to reach "the other shore," only to be dragged back time and again by the doctor's merciless efforts. These efforts are interpreted as "a ghastly imposition against God's will."

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1. The Atlantic Monthly, January 1957; reprinted in Reader's Digest, March 1957.

This is indeed a serious indictment. The physician, who must answer the ever recurring problem of what pain-producing measures are necessary to heal the patient, finds himself accused of being Antichrist if the patient dies despite the treatment. How can it be that medical advances are interpreted as means of challenging and thwarting God's will?

Part of the answer is to be found in the emotional defenses erected by those who watch their loved ones suffer. The widow who wrote the article in question interpreted her husband's struggle as one toward release and death rather than toward life, but actually few sufferers really want to die. Those who watch desire the patient's death because they cannot endure the distressing spectacle. Yet, they cannot admit to consciousness their own wish for relief and assume it is the patient who wishes to die. All measures which postpone the desired end are therefore interpreted as undesirable and evil.

The remainder of the answer lies in the at-



titude and actions of the physician. We all know of "hopeless cases" who recovered, perhaps by modern medicine alone, perhaps by faith and prayer, or perhaps by a combination of both. Some Christian physicians are not ashamed to admit to a distraught patient and family that they, too, pray for the patient. Most physicians would prefer to leave moral and religious interpretations to a clergyman. None of us should be hesitant in suggesting that the counsel and support of the patient's priest, pastor, or rabbi be sought in all cases of serious illness. In this fashion, the physician can make clear his position as God's servant and ally rather than as His antagonist.

The thoughtful physician would do well to re-examine his own actions in handling such a case. Attention to the patient's comfort is no less important than attention to fluid and electrolyte balance in the over-all care of the patient. Straightening the pillow, placing the bell cord within reach, and stopping a minor yet irritating

itch are more potent psychotherapeutic tools than the injections and intravenous fluids which the physician has ordered. Relief of pain, mental and physical, is still our primary concern. Let the miracles of modern medicine be dispensed with mercy and discontinue the tubes, catheters, and needles as soon as it is deemed safe. It should be apparent to the patient and his family that it is the man, as well as his disease, who occupies our attention.

There is no easy nor universally applicable answer to the problem of therapy in the critically ill patient. We would, however, do well to keep in mind the advice of Lord Horder, physician to King George V: "Be it observed that the good doctor is aware of the distinction between prolonging life and prolonging the act of dying. The former comes within his terms of reference; the latter does not."

—*The Journal of the  
Florida Medical Association*

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## AIDING THE ADDICT

**A**DDICTS FREQUENTLY TRY to augment their supply of narcotics by stealing prescription blanks. The process is made a good bit easier for them by physicians who do not exercise precaution in handling the blanks. Most narcotic addicts are skillful thieves and most are aware of the trusting nature of physicians. The result is more traffic than there should be in narcotics obtained by forgery on stolen blanks.

One addict recently obtained drugs on 30 to 40 forged prescriptions before he was apprehended. He had stolen an entire pad from the office of a physician in one of the West Coast cities and had forged the name of the physician, who was well-known. The addict and his accomplices had little difficulty in having the forged prescription filled until one druggist, who knew the physician's signature, called police officers. When arrested, the criminal had several additional completed forged prescriptions in his

possession. The physician, who had been unaware of the problem, was astounded.

Mr. A. B. Crisler,\* Supervisor of District 15, Bureau of Narcotics of the Treasury Department, reports questioning an addict who had previously been prosecuted twice for presenting forged prescriptions. Mr. Crisler asked how the blanks were obtained. He was told that it was relatively easy to steal prescription pads as they were often found on the desk of the receptionist or on the desk in the doctor's private office. This addict had observed that pads were openly dis-

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\*District supervisor for the area which included Indiana, Illinois, and Wisconsin is Albert E. Aman, Supervisor, Bureau of Narcotics, 817 New Post Office Building, Chicago, Illinois.

The agent for the Bureau of Narcotics in the Indianapolis area is Gillmor Failor, P. O. Box 413, 412 Federal Building, Indianapolis, Indiana.

Indiana physicians may contact either Mr. Aman or Mr. Failor for information.

played on the desk of the receptionist in about 10 percent of physician's offices. He found it a simple matter to lift the blanks when the receptionist left the room or otherwise had her attention diverted.

Mr. Crisler is convinced that the matter of forged narcotic prescriptions would be virtually stopped if physicians would protect their blanks properly. Certainly there would seem to be no excuse for leaving them on an unguarded desk to which those in the waiting room have such easy access. Presumably they have no other purpose there than to serve as scratch pads for secretaries. There are better types of note material.

Simplest and probably most effective preventive measure would be to keep all blanks in a desk drawer rather than openly displayed on a desk top. Serially numbered blanks in books

providing duplicates would enable the physician to keep closer check on his blanks. Also, the physician should never criticize a druggist for a telephone call regarding a narcotic prescription, even though the physician may have just made an emergency request by telephone. The druggist incurs considerable risk when he tries to be accommodating and should be commended for his care, if he checks.

Finally, the physician will find prompt support and help from the narcotics squad of police departments in the larger cities or from agents of the Bureau of Narcotics wherever that division of the Treasury Department has an office. These officers and agents are always willing to answer questions and are always glad to receive information from physicians.

—*Northwest Medicine.*

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## TOBACCO RESEARCH FUND

**N**EW APPROPRIATIONS of \$700,000 for research into tobacco use and health have raised to \$2,200,000 the funds provided by the Tobacco Industry Research Committee since its start in 1954. Grants have been made to more than 60 independent scientists throughout the United States for basic research on the problem of the

causative relationship between cigarette smoking and lung cancer. Dr. Clarence Cook Little, chairman of the Advisory Board of the Fund, reports that the work already done has provided knowledge and techniques valuable in the search for answers to cancer control.

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## INTENSIVE APPEAL FOR A. M. E. F. UNDER WAY

The American Medical Education Foundation will launch an intensive fall campaign for contributions to the nation's medical schools. October and November have been selected as the months in which to appeal to physicians for individual donations.

To assist local committees, the AMEF has prepared a new pocket portfolio with information cards and pledge envelopes. A new folder entitled "So They May Serve" has also been produced for use in local and state mailings. A new exhibit—first displayed at the A.M.A. convention in New York—is available from the foundation office for state meetings. Featuring pictures of medical schools and gift checks to AMEF, this exhibit illustrates reasons why medical schools should be privately supported.



# The President's Page

## A NEW HOME FOR THE INDIANA STATE MEDICAL ASSOCIATION

THERE IS NO SUBJECT more likely to stir the pride and interest of our members in this, the first president's page of the new year, than a glimpse into the future planning of our society.

Few visit our present headquarters because of its relative inaccessability and because even after braving the traffic of downtown Indianapolis and finding a place to park, one would have difficulty in squeezing himself into the presently crowded facility. A tremendously large work load is being carried by our often harrassed staff, in wholly inadequate quarters.

Expansion of our office space is a must, not only for a more efficient present operation, but also because of the certain exigencies of an immediate future. Long study of the problem by a committee of the Council, with their perusal of many alternatives, has resulted in a plan for construction of a new building. It has been submitted to the House of Delegates this month. A comprehensive survey of the facilities of all of the State Associations was compiled by Mr. Waggener. Of the 45 associations answering, 16 already own their own building and 9 of the remaining 29 are planning construction. Most of the remainder are states with membership of less than 625 and with only one or two employees. Those already owning their building were vociferous in their enthusiasm and many sent photographs, reproductions of architects' elevations, and floor plans.

A building of our own will provide a true home for Indiana Medicine and will symbolize medicine to the public. It can be tailored to our specific needs, providing for centralized administration, efficiency and convenience of operation, adequate meeting space, pride of membership, and increased interest of physicians in their Association. It will be representative of a strong, unified, growing organization, and will provide a gilt-edged investment for the membership, since inflation will not affect its true value.

Let us build for the future in such a way that we may point with pride to this achievement and say,

"This is the home of organized medicine in Indiana."

*W. C. Lippert M.D.*

# *The Woman's Auxiliary*

## REPORTS TO I.S.M.A.

Dear Doctor:

I do hope that you are relaxed comfortably in that nice easy chair, that the telephone doesn't ring while you read a few things about the objects and aims of your wife's organization—the Woman's Auxiliary to the Indiana State Medical Association.

The first object of the Auxiliary is to unite into one organization the wives of members of the Indiana State Medical Association. I do hope that your wife is a member! If she isn't, won't you please encourage her to join her county Auxiliary or help to organize her county? She will meet women that she will grow to know and love; she will learn of issues affecting medicine; and, in turn, perhaps she can inform you.

Another object of the Woman's Auxiliary is to support the aims and purposes of the medical profession and to extend its influence in organizations which promote health improvement and health education.

In these fields we have supported Civil Defense, which includes Home Nursing, First Aid, Blood Banks and Study Groups on self-preservation. This committee is being led so ably by Mrs. Walter P. Morton of Indianapolis.

As a service to the community we have planned and helped carry out many ideas for Rural Health Days. Educating the public in the many phases of medicine today is one of their endeavors. Mrs. Kenneth Schneider of Nashville, the chairman of this committee, is busy making plans for our counties to participate in some way to again promote public education.

Did you know that many county Auxiliaries, under the capable leadership of Mrs. Arthur Moravec of Fort Wayne, are again making plans for recruitment in the many fields of medicine? Many Auxiliaries have been responsible for forming Recruitment Clubs, having coke parties and speakers in many of our high schools; encouraging young students of today to enter into a field of science in medicine. Did you know numerous scholarships have been given, and that some students have completed the field of their choice and may be helping you today?

Also in the field of education is our American Medical Education Foundation, the purpose of which is to raise funds to alleviate the financial difficulties confronting our medical schools. This committee was organized in 1952 and the first contributions were made to the national fund in 1953. Thus, during the five year period, the Indiana Woman's Auxiliary has made a contribution of approximately \$32,000. To raise this money doctor's wives have worked hard and together and in doing so have created good relations among themselves. There is nothing like a good rummage sale, food sale or card party to create a closer companionship. The chairman of this excellent committee for this year is Mrs. Alvin Schaaf of Jamestown.

Thank you, doctor, for reading this letter. Later I will tell you about some of our other VERY important fields of activity.

Sincerely,



Mrs. W. C. Stover, President



# Influenza: Epidemic Possibility and Need for Voluntary Immunization

LEROY E. BURNEY, M.D.\*

*Washington, D. C.*

**D**URING RECENT WEEKS the eyes of the medical profession have been on the influenza epidemic which swept through the Far East. Thus far only sporadic outbreaks have occurred in this country, affecting several thousand people. Experts in the field say there is little question that we will have an epidemic in this country sometime during the fall and winter months.

Since 1948 the Influenza Study Program sponsored by the World Health Organization has maintained a system of reporting specific diagnoses of influenza in the United States, Canada, South America and Europe.

The current epidemic was first reported in Hong Kong and Singapore in late April, 1957. Epidemics followed rapidly in Taiwan, the Philippines, the Malay States, Japan, India and other areas. Virus sent to this country for antigenic analyses were found to be type A, but antigenically different from any previously known A strains in the hemoagglutination inhibition test. Animal anti-sera prepared against type A strains did not inhibit or neutralize the new variant and no protective antibody could be demonstrated in sera from human beings repeatedly vaccinated with previously prevalent type A virus.

Information to date suggests that little protection against the new virus is gained by previous vaccination with existing influenza vaccine.

Beginning June 2 a series of influenza outbreaks were reported among ships which had been berthed in Narragansett Bay, Newport, R. I. Spread of the epidemic was erratic. Sub-

sequent infections have been reported in San Diego, Monterey, Davis and San Francisco, Calif.; Cleveland, Ohio; Lexington, Ky.; Valley Forge, Pa.; Salt Lake City, and Grinnell, Iowa.

## CLINICAL AND PUBLIC HEALTH ASPECTS

The experience in Asia and in the United States provides no basis for predicting an increase in severity of infection in the coming fall and winter or during the next year or two. The present concern arises largely from the possibility that a more virulent variety of the Asian type may emerge. The severity of the 1918 epidemic is believed to have been due to some mutation which exposed the population to a virus or viruses radically different antigenically from those strains to which they had been previously exposed.

Influenza is usually characterized by abrupt onset, prostration, fever up to 104, headache, myalgia, cough and sore throat. X-ray examinations of the chest usually show no abnormal findings. Leukopenia is common in uncomplicated cases. The febrile period usually lasts 3 to 5 days, following which the patient may complain of extreme weakness for several more days.

In laboratory diagnosis of individual cases, the virus may be isolated from secretions of the nose and throat early in the course of the illness. The procedure consists of inoculating chicken eggs which have been incubated for about 10 days, and recovering the virus in the fluids of the embryonic sac.

Paired specimens of blood, one taken in the acute phase and the other 10 days to two weeks later, may be used for serological tests. A four-fold or greater rise in antibody titer is regarded

\* Surgeon General, U. S. Public Health Service, Department of HEW.

as an indication of influenza infection. Since neither of these laboratory procedures can be completed while the patient is still acutely ill, they are of little value to the physician in prescribing treatment. Such tests are necessary, however, to confirm the presence or absence of influenza in a community.

### IMMUNOLOGICAL ASPECTS

Studies in the military reveal that a properly conditioned vaccine is 70 per cent effective under epidemic conditions and that reactions to the vaccine are quite rare. Individuals known to be sensitive to egg are *not* given the vaccine since virus is grown in embryonated eggs.

The manufacturers of vaccines are able to produce a satisfactory monovalent vaccine (containing the Asian strain) in sufficient quantity for civilian use this winter. They are currently working on a large-scale production basis.

### PRESENT CONSIDERATIONS

Isolation of causative virus has been made prior to the appearance of influenza in the United States; thus for the first time in history we are in the fortunate position of being ahead of an impending epidemic of influenza. It seems probable that influenza will continue to spread but will not be highly epidemic in this country until fall or winter when outbreaks may be anticipated. While the disease will probably be mild there is always the outside possibility of a repeat of the 1918 epidemic. There is a further possibility that the virulence of the infection as reflected in case-mortality rates will increase. Even though these are still only possibilities, any preparations which need to be done to meet these eventualities must be accomplished now. After a pandemic starts it will be too late.

At the invitation of the WHO, a plan for investigation of influenza outbreaks in foreign countries has been developed by the influenza commission of the Armed Forces Epidemiological Board. Teams making the studies will be particularly interested in determining (a) the properties of the virus, (b) complete clinical descriptions, (c) whether a bacterial component is associated with the illness, and (d) epidemiologic aspects.

The American Medical Association has already announced a program designed to offset the severe strain placed on medical personnel when so many people suddenly become ill.

Finally, in recent years the nature of influenza

in this country has not warranted the use of influenza vaccine except on a group basis to minimize absenteeism or in so-called priority groups. However, the present influenza epidemic, with its rapidity of spread and high attack rate is sufficiently unusual to press for immunization against the new strain of influenza virus. As a properly constituted vaccine is the only preventive for this disease, the Public Health Service with the Association of State and Territorial Health Officers and the American Medical Association plans to promote the use of the vaccine as soon as it becomes available. To accomplish this we plan to embark upon an educational and promotional campaign to encourage all persons who want it to seek influenza vaccine on a voluntary basis. Any such campaign must be conducted in an orderly fashion to avoid confusion and hysteria in the public and will call for the combined efforts of all of us.

In summary,

1. Influenza has been known for centuries under a variety of names but except for the pandemic of 1918, the illness was regarded lightly.

2. For the past 25 years it has been possible to incriminate certain strains of Type A virus and Type B virus as causative agents of cyclic outbreaks of influenza.

3. The current epidemic in the Far East and sporadic outbreaks in the United States and elsewhere are caused by a new strain of Type A virus popularly known as the Far East strain.

4. There is a distinct probability that the current influenza epidemic will increase and develop into pandemic proportions by late fall or winter. Also there lurks the possibility of an increase in virulence of the infection as reflected in case-mortality rates.

5. A properly constituted vaccine containing the new strain of Type A virus represents the only preventive tool at our command.

6. Influenza vaccines have been proven effective and safe in controlled studies conducted by the military.

7. The Public Health Service, in cooperation with the State and Territorial Health Officers and the American Medical Association, will stimulate and promote a nationwide voluntary program of vaccination against the prevalent strain of influenza.



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For a Commercial Announcement there is a minimum charge of \$3.00 for 50 words or less . . . each additional column line, usually 8 or 9 words, costs 50¢. (Payment in advance, please!)

Each member of the Indiana State Medical Association is entitled to repeat an ad in the following issue without charge . . . one free ad per year.

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**Dosage:** 1 tablet t.i.d. at mealtime. 2 tablets at bedtime.

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## PRESIDENT—1957-58

Indiana State Medical Association



MALACHI C. TOPPING, M.D.

Terre Haute



**Malachi C. Topping, M.D.**  
**President**  
**Indiana State Medical Association**  
**1957-1958**

**D**OCTOR MALACHI C. TOPPING, Terre Haute, assumed the office of President of the Indiana State Medical Association during the Annual Convention at French Lick.

In his acceptance speech, Dr. Topping discussed the organizational problems of the state association and urged the cooperation of all physicians toward the harmonious settlement of differences during the coming year.

Dr. Topping was born in Terre Haute on December 28, 1903. After graduating from Garfield High School, he attended the University of Illinois. He attained the B.S. degree and later received the M.D. degree from the University of Illinois College of Medicine in 1926.

He interned at the Cottage Hospital, Santa Barbara, California and engaged in private practice in Terre Haute with the late Dr. A. F. Knoefel. After completing a postgraduate course in orthopedic surgery, from 1932 to 1936, in the Columbia University Postgraduate Medical School, he limited his practice in Terre Haute to his specialty. He now practices in partnership with Dr. Robert N. Kabel.

Dr. Topping has always been interested and has been a busy participant in medical organizations. He has served as vice-president of the Vigo County Medical Society and as secretary of the Terre Haute Academy of Medicine. He has been secretary and president of the Fifth District Medical Society and was its Councilor from 1952 to 1957. He sat in the House of Delegates from 1942 to 1951.

He has been a member of numerous state association committees concerned with traffic accidents, rehabilitation of crippled children, industrial relations, civil defense, and poliomyelitis, and is a member of the Inter-Professional Health Council.

He is a Fellow of the American College of Surgeons, and a member of the Aesculapian Society of the Wabash Valley, the American Association of Railway Surgeons, and the Indiana Bone and Joint Club.

Dr. Topping pilots his own airplane, and during World War II was in command of a civil air patrol. He is a past president of the Wabash Valley Pilots Association and is a member of the Terre Haute Board of Aviation Commissioners.

Dr. Topping begins his year as president with an experience rich in medical organizational work and community service.

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Calcium Lactate	1 Gm.
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Vitamin A	6000 U.S.P. Units
Vitamin D	600 U.S.P. Units
Thiamine Mononitrate (B <sub>1</sub> )	3 mg.
Riboflavin (B <sub>2</sub> )	3 mg.
Pyridoxine HCl (B <sub>6</sub> )	3 mg.
Vitamin B <sub>12</sub> (cobalamin concentrate)	3 mcg.
Niacinamide	25 mg.
d, Calcium Pantothenate	5 mg.
Folic Acid	0.5 mg.
Menadione (K)	1 mg.
Vitamin E (dl, alpha tocopheryl acetate)	1 Int. Unit
Magnesium	3 mg.
Manganese	1 mg.
Copper	1 mg.
Zinc	1 mg.
Molybdenum	0.2 mg.
Iodine	0.1 mg.
Cobalt	0.1 mg.

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BIVAM's phosphorus-free calcium minimizes leg cramps of pregnancy.

BIVAM is an excellent adjunct to C.V.P. in guarding against occurrence of capillary permeability and fragility which affect many pregnant women—to help reduce the risk of retroplacental bleeding, abortion, postpartum bleeding and erythroblastosis fetalis.

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# April Dates Selected for Third Annual Medical Education Week

**T**HE THIRD ANNUAL Medical Education Week, nationwide tribute to the progress of American medical schools, will be promoted during the fourth week in April by United States medical schools and the medical profession.

April 20-26 will be devoted to an all-out effort to create a greater understanding among the public of both the achievements and the problems of medical schools. Each of the sponsoring organizations—the American Medical Association, the Student American Medical Association,

the Woman's Auxiliary to the A.M.A., the Association of American Medical Colleges, the American Medical Education Foundation, and the National Fund for Medical Education—is asking its members to reserve this week for community and statewide salutes to area medical schools.

Local and state programs will be reinforced by national publicity through network television and radio, newspaper syndicates, and magazines. In addition, the sponsors will send promotional aids to their state and county officers to help in local observances.

During the 1957 Medical Education Week, medical societies in 32 states and woman's auxiliaries in 42 states planned various activities, and their past successes are expected to lead to an even more widespread acknowledgment of the achievements of medical schools in 1958.

## COOK COUNTY GRADUATE SCHOOL OF MEDICINE

### INTENSIVE POSTGRADUATE COURSES

#### STARTING DATES — FALL, 1957

##### SURGERY—

Surgical Technic, Two Weeks, October 28, November 11  
Surgery of Colon & Rectum, One Week, November 18  
Treatment of Varicose Veins, November 18, December 16  
Gallbladder Surgery, Three Days, November 4  
Surgery of Hernia, Three Days, November 7  
General Surgery, One Week, October 28  
Fractures & Traumatic Surgery, Two Weeks, October 21

##### GYNECOLOGY AND OBSTETRICS—

Office & Operative Gynecology, Two Weeks, October 21  
Vaginal Approach to Pelvic Surgery, One Week, October 14  
General & Surgical Obstetrics, Two Weeks, November 4

##### MEDICINE—

Gastroscopy & Gastroenterology, Two Weeks, November 4  
Dermatology, Two Weeks, October 14

##### PEDIATRICS—

Pediatric Cardiology, Two Weeks, December 2

##### RADIOLOGY—

Diagnostic X-Ray, Two Weeks, December 2

##### CYSTOSCOPY—

Ten-Day Practical Course by appointment

TEACHING FACULTY—ATTENDING STAFF OF  
COOK COUNTY HOSPITAL

#### ADDRESS:

REGISTRAR, 707 South Wood Street, Chicago 12, Illinois

## Photograph of Early X-Ray Picture Becomes Museum Piece

Dr. Frank E. Wiedemann, Terre Haute practicing physician for more than 60 years, has given his photograph of one of the earliest X-ray pictures to the Vigo County Historical Society.

Dr. Wiedemann made the X-ray machine which took the picture in 1896 soon after he returned from Germany. Discovery of the X-ray was announced by Roentgen December 28, 1895. According to an article in the Eastman Kodak magazine, Dr. Wiedemann built his machine in Indiana during the next six months.

The photograph given to the Historical Society shows Dr. Wiedemann, with the machine and the X-ray picture.

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*Treating alcoholism and other problems of addiction.*

REGISTERED BY THE AMERICAN MEDICAL ASSOCIATION —  
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# St. Joseph County Medical Society and WSBT-TV Complete Medical Progress Series

**A**N ATTEMPT to create something new and hard-hitting in local public service television with a minimum budget has paid off in unusual impact and interest for WSBT-TV, South Bend.

With the cooperation of the St. Joseph County (South Bend) Medical Society, WSBT-TV has concluded a series of four monthly half-hour shows under the title "In These Hands" which portrayed "the people, the purpose and the progress of medicine" in the community.

Through film made locally, the show centered on the M.D., recreating the roles of the people and facilities devoted to the health and physical well-being of the community. Live segments of the shows were hosted by Dr. R. L. Sensenich, a past president of both the American and Indiana State Medical Associations, who has practiced medicine in the community for 45 years.

With local amateur "actors" taking key roles to preserve the medical profession's rigid ethical standards regarding advertising by individual physicians, the four shows spotlighted heart disease and its treatment, pediatrics and child care, the modern role of the family doctor and the intensive training programs of doctors as well as the many technicians operating behind the scenes.

The "In These Hands" title and film format was developed by Linder-Scott Associates, South Bend TV production agency, in cooperation with the WSBT-TV public service and production departments. Staged re-enactments of medical case histories were filmed with the station's news department cameras, in an experiment which proved immensely successful.

The newsreel technique lent excitement and authenticity to each of the filmed segments, revealed new possibilities for the station's everyday use of their equipment, gave valued experience to the cameramen, and, thanks to the mobility of hand cameras coupled with processing speed for TV negative film kept costs to a basic minimum for every show.

Much of the filming created excitement on its own. A simulated heart attack staged in a parking lot, for example, drew crowds of curious bystanders momentarily fooled by the pathos of the



**ON STAGE**—A simulated heart attack at a South Bend parking lot was staged for one of the Progress of Medicine shows. A curious crowd gathered, contributing to the realism of the scene. Shown, left to right, are Carlyle Kavadas, WSBT news department; Richard Hoag, Linder-Scott & Associates; Tom Brubaker and Skip Gassensmith, WSBT production department.

actor in pain. The local newspaper sent a reporter to cover the "accident" and the reporter later appeared in the show as the M.D. treating the heart attack victim.

Actors were used sparingly in the series, only when ethical standards made it advisable to avoid the use of a specific physician or when possible embarrassment was to be avoided in portraying a patient under treatment; generally, actual physicians, nurses, technicians, patients and specialists were filmed on the job.

"We have been immensely pleased and a little surprised over the success of the show," comments Neal B. Welch, WSBT-TV general manager. "There is great drama and wide human interest in the medical story as such; we were convinced that these same elements could be utilized in presenting the story of medicine locally."

Dr. W. D. Buchanan, president of the medical society, attributes the success of the series to its strong dramatic and human appeals, and to the extensive promotion campaign which accompanied it.

## SOMETHING FOR NOTHING is not the American way

### PREPAREDNESS AND PRECAUTION ARE OUR TRADITION AND OUR STRENGTH

*To individually and collectively take precaution against financial insolvency incurred by accident, or by unexpected or prolonged illness, has become "the American way" as evidenced by the confidence of the public in your Blue Shield Plan.*

\* \* \*

*Prepaid medical, obstetrical, and surgical care; accident and catastrophe insurance, are an entity which not only exemplifies sound economics, but has become our greatest bulwark against the odious yet insidious threat of socialization.*

\* \* \*



*Blue Shield—"the doctor's plan"*

Mutual Medical Insurance, Inc., 110 N. Illinois St., Indianapolis 9, Ind., Phone: MEIrose 5-9411



# Conference on Athletic Injuries Scheduled for Coaches and Physicians

**C**AUSES AND TREATMENT for athletic injuries, and possible means of prevention at both high school and college level, will be discussed by four Indianapolis physicians at the first Conference on Athletic Injuries October 24 in Golding's Cafeteria at the Indiana State Fairgrounds.

All Indiana high school and college coaches and all Indiana physicians are invited to attend the conference. Those who register for the conference will be guests of the Indiana State Medical Association at the annual coaches' dinner in the cafeteria.

Cooperating with the Medical Association in this initial effort are three other interested groups: the Indiana High School Athletic Association, the Indiana College Coaches Association, and the Indiana High School Coaches Association.

Dr. M. C. Topping, Terre Haute, president of the Indiana State Medical Association, will serve as chairman for the conference.

Dr. Earl W. Mericle, Indianapolis, chairman of the Committee on Public Relations of ISMA, will welcome those registering and introduce the conference speakers.

Each speaker has been given 20 minutes to develop a special facet of the major situations related to athletic injuries, their prevention and treatment.

Dr. William H. Norman will discuss orthopedic situations; Dr. C. Basil Fausset neurolog-

ical situations; Dr. K. R. Manning the physical medicine aspect; and Dr. A. D. Dennison, Jr., the cardiovascular situations which arise from athletic injuries.

A 25-minute question and answer period will follow the four talks.

Lou Little, former coach and athletic director at Columbia University, will speak at the annual banquet.

The conference will start promptly at 2:30 p.m., October 24, with the coaches' banquet scheduled after a short break between afternoon and evening sessions.

---

## Offer Postgraduate Courses in Pediatric Cardiology

The Cook County Graduate School of Medicine will conduct two one-week intensive courses in December. One course covering the diagnosis and treatment of congenital malformations of the heart and of rheumatic heart disease in infants and children will start on December 2. The other course will consider the role of roentgenology and electrocardiography in the management of heart disease in infants and children and will start on December 9. This course will also cover angiocardiology and catheterization of the heart and great vessels. Further information may be obtained by addressing the Registrar, John W. Neal, 707 South Wood Street, Chicago 12.



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## **Clinical Results with Aralen in Rheumatoid Arthritis**

Author	No. of Cases	Major Improvement	Minor Improvement	No Effect
Haydu <sup>1</sup>	28	22	5	1
Rinehart <sup>2</sup>	25	12	4	9
Freedman <sup>3</sup>	50	43	3	4
Bagnall <sup>4</sup>	108	77	12	19
Bruckner <sup>5</sup>	36	32	0	4
Cohen and Calkins <sup>6</sup>	22	17	3	2
Scherbel et al. <sup>7</sup>	25	9	8	8
Total	294	212 (72%)	35 (12%)	47 (16%)

- Success dependent upon persistent treatment
- Often of benefit where other agents have failed
- Remissions on therapy well maintained
- Remission of 3 to 12 months possible even if treatment is interrupted
- Tachyphylaxis not evident

### **GENERAL EFFECTS:**

- Patient feels better
- Patient looks better
- Exercise tolerance increases
- Walking speed and hand grip improves

### **LABORATORY EFFECTS:**

- E. S. R. may fall slowly
- Hemoglobin level may gradually rise

### **ANALGESICS AND STEROIDS:**

- Requirements usually reduced or eliminated

### **JOINT EFFECTS:**

- Pain and tenderness relieved
- Mobility increases
- Swellings diminish or disappear
- Muscle strength improves
- Rheumatic nodules may disappear
- Even severe or advanced deformity may improve
- *Active* inflammatory process usually subsides
- Joint effusion may diminish

### **DOSAGE:**

Aralen is cumulative in action and requires four to twelve weeks of administration before therapeutic effects become apparent.

Latest information indicates that an initial dose of 250 mg. of Aralen phosphate is preferable to the higher doses sometimes recommended. However, If side effects appear, withdraw Aralen for several days until they subside. Reinstate treatment with 125 mg. daily and, if well tolerated, increase to 250 mg. The usual maintenance dose is 250 mg. daily.



## INDICATIONS:

- Rheumatoid arthritis, acute or chronic—with or without adjunctive therapy.
- Spondylitis
- Arthritis associated with lupus erythematosus or psoriasis

## HOW SUPPLIED:

**Aralen phosphate:** 250 mg. tablets in bottles of 100 and 1000.  
125 mg. tablets in bottles of 100.

## THEORY OF ACTION:

Aralen appears to suppress or induce remission of rheumatoid inflammatory processes by inhibiting adenosinetriphosphatase.

## Tolerance:

Aralen is usually well tolerated. Toxic effects are usually mild and to date have been transitory in nature, disappearing completely either on continuance or cessation of therapy or on reduction in dosage.

Gastrointestinal disturbances (e.g. nausea, rarely vomiting, diarrhea, abdominal cramps, anorexia) are frequent manifestations of intolerance. Temporary blurring of vision (due to interference with accommodation) is also relatively frequent.

Pleomorphic skin eruptions (e.g. lichenoid, maculopapular, purpuric), although generally mild, may preclude the use of an optimum dosage schedule. If a skin reaction persists on a reduced dosage schedule, or recurs after reinstitution of treatment with gradually increasing doses, discontinue Aralen till the lesion again disappears and consider resuming treatment with Plaquenil® (brand of hydroxychloroquine).

Less frequently transitory vertigo, headache, lassitude, or neurological disturbances, such as nervousness, irritability, emotional change, and nightmares have been reported. Instances of unexplained slight gradual weight loss as the patient's general health and arthritic condition improved have been mentioned. Occasional instances of bleaching (depigmentation) of the hair have been described.

Although an occasional instance of leukopenia, with normal differential count, has been reported (WBC about 3000), it has not proved troublesome because it has always been reversible on discontinuance, or diminution of the dose. Even spontaneous reversal may occur while full dosage is maintained.

## Caution:

Aralen is known to concentrate in the liver and, although hepatic damage has never been reported, the drug should be used with caution in the presence of liver disease. In the presence of severe gastrointestinal, neurological, or blood disorders, the drug should be used with caution or not at all. If such disorders occur during the course of therapy, the drug should be discontinued. Concomitant use of gold or phenylbutazone with Aralen should be avoided because of the tendency of these agents to produce drug dermatitis.

## Clinical Comments:

Of fifty patients receiving Aralen therapy, "43 have become really well; that is, they have no stiffness, and any pain that occurs can reasonably be attributed to use of joints affected by secondary degenerative changes. They have no evidence of joint inflammation, but may have a raised erythrocyte sedimentation rate. They have little or no need for analgesics."

*Freedman<sup>3</sup>*

"One hundred and twenty-five private patients have been carefully followed clinically and haematologically while receiving well over 200 patient-years of chloroquine [Aralen] therapy. The results are considered good in 70%, one-half of these cases being in remission. Improved work performance, sedimentation rate, and hemoglobin levels paralleled the major objective gain in this 70%. 90% of them remained on chloroquine [Aralen] therapy, half for more than two years. Classical peripheral rheumatoid arthritis, spondylitis, arthritis of juvenile onset, and rheumatoid disease with psoriasis, all appeared to respond about equally well.

"It is suggested that chloroquine comes closer to the ideal for long-term, safe, control of rheumatoid disease than any other agent now available."

*Bagnall<sup>4</sup>*

"Out of the 36 rheumatoid arthritis cases we treated . . . favorable results were obtained in 32 cases.

*Bruckner et al.<sup>5</sup>*

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# The Third Party in Medicine

*The address delivered by Representative Oren Harris, Democrat, Arkansas, before the Conference of Presidents and Other Officers of State Medical Associations in New York in June, is printed herewith. Mr. Harris serves as chairman of the Interstate and Foreign Commerce Committee of the House of Representatives which has jurisdiction over health measures.*

I CONSIDER it a great honor that you have asked me to address you today. I may assume, of course, that you do not expect me to impart to you any knowledge in the field of medicine which I do not possess. I would rather think that you want me to discuss some issues which concern both physicians and members of Congress because legislative proposals involving these issues have been entertained in the Congress in the past and are apt to be considered again in the future.

Not a day passes on which I as an individual member of Congress or as Chairman of the Interstate and Foreign Commerce Committee do not receive a number of communications involving some questions of health and health care. You may wonder why the Committee on Interstate and Foreign Commerce of all congressional committees should concern itself with questions of health. Certainly the name of the committee does not appear to imply any such concern. As frequently is the case, the explanation is a historical one and readily explains the connection between commerce and health.

Since colonial days our country has depended on merchant vessels to bring goods from foreign lands to our shores and to carry our exports abroad. Merchant seamen manning these vessels, when falling ill or becoming incapacitated, imposed an undue burden upon local facilities and local resources in our port cities.

When the Congress met in 1789, a resolution was adopted appointing a committee to prepare a bill providing for the establishment of hospitals for sick and disabled seamen. However, no such legislation was enacted until nine years later when the 5th Congress passed an act to establish the Marine Hospital Service (I might say parenthetically that things today are still pretty much the same as they were during the early days of the Republic—it usually takes several sessions of Congress to develop and pass major legislation).

The Marine Hospital Service Act was approved by President Adams on July 16, 1798. It authorized the President:

“. . . to nominate and appoint, in such ports of the United States as he may think proper, one or more persons, to be called directors of the marine hospital of the United States, whose duty it is . . . to provide for the accommodation of sick and disabled seamen . . .”

The Marine Hospital Service formed the basis of the United States Public Health Service as we know it today, and from this interesting bit of history you will appreciate the historical connection between commerce and health which has resulted in the assignment to the Committee on Interstate and Foreign Commerce of legislative jurisdiction over public health and health care problems.

I would like to make it abundantly clear that the Committee on Interstate and Foreign Commerce feels very strongly that its responsibility in the field of health is one of the most important legislative responsibilities given to it, and the committee takes these responsibilities very seriously indeed. This field of the committee's legislative responsibility differs somewhat from other fields assigned to it because in the case of health legislation the committee deals with human needs of all of our citizens. In many of the other legislative fields assigned to us we are dealing primarily with business organizations and trade associations, etc., and economic considerations frequently predominate and necessarily so.

In an effort to more effectively discharge the committee's responsibilities in the field of health, I have as Chairman of the Committee appointed a Subcommittee on Health and Science, of eleven members, with Congressman John Bell Williams of Mississippi as Chairman. It is my purpose to see that special attention is given to the problems



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and legislation in these two fields. It is also my aim that this subcommittee of able members of the Congress keep in mind in the consideration of these matters, the subject which I have in mind for you today.

### THE THIRD PARTY IN MEDICINE.

I have related to you the history of our committee's legislative responsibilities in the field of health, merely to explain why our committee and not some other congressional committee has legislative jurisdiction over health measures. I wanted, however, to call to your attention that from the very inception of the Republic, Congress, in case it found such action was justified on the basis of a clearly established need, has accepted the fact that a "third party" might be required in special situations to provide needed medical services.

Every thoughtful person appreciates, no doubt, that a "third party" entering into a two-party relationship creates quite a problem. In the case of a marriage relationship, intervention of a "third party" almost invariably results in a breaking up of the marriage. Fortunately, however, this is not the rule with regard to all "third parties." Take for example the case of the relationship between a member of Congress and his constituents. A "third party" in the form of an interested group or an executive agency, might attempt to influence the Congressman-constituent relationship. Quite frequently a "third party" may improve this relationship by helping both the constituent and the Congressman. Then, there are other instances where nothing is further from the mind of a "third party" than to strengthen the relationship between the Congressman and his constituent, but on the contrary, is out to sever the relationship and to sever it for good.

What am I trying to say? I am trying to say that in the case of the relationship between a physician and his patients, just as in the case of other relationships, each case of a "third party" must be examined carefully on its own merits in order to determine whether the "third party" is likely to benefit or harm the relationship.

Let me examine then the nature and purpose of some of the "third parties" which participate in the physician-patient relationship and let us try to determine whether their participation has

been beneficial or adverse. I do not mean with a view of determining the advisability of whether they are good or bad. Most of us have our own opinions about some of these programs. I merely wish to point to some results and with particular emphasis to the trend of today.

Let us take hospitals, for example. Surely they must be considered "third parties" when it comes to the doctor-patient relationship. However, could you imagine practicing medicine today without hospitals? As a matter of fact, it might be said that the construction of many hospitals, particularly in rural areas and small communities, has contributed to the establishment of new physician-patient relationships, because in many instances physicians could be induced to practice medicine in rural areas and small communities only after adequate hospital facilities were made available in those areas. Hospitals also help train new members of your profession by providing the facilities where medical students, interns and residents gain the practical experience required by physicians.

If we consider hospitals "third parties" then can we consider the Federal Government a "third-party—once removed" because the Federal Government, through the hospital construction program, has given impetus and support to the construction of new hospital facilities by state and local governments and private, non-profit organizations.

While hospitals on the whole must be considered "third parties" which greatly benefit the physician-patient relationship, there have been some instances in which some hospitals have been criticized for disturbing established physician-patient relationships. Such criticism has come from physicians as well as from patients. It has been directed against the practice generally followed by hospitals of being selective about admitting members of the medical profession to their staffs. This selectivity (and I am not criticizing it when I refer to it) definitely affects the relationship between some physicians and some patients.

Where does that leave the hospitals as "third parties?"—On balance, I would think, your profession would not want to do without hospitals. This does not mean however that each and every act of these "third parties" invariably is

*Continued*



beneficial to the relationship which exists between a given physician and his patients.

Let us look at some other "third parties." Their number has become legion in recent years. Private insurance carriers and prepayment organizations have increasingly become "third parties" which importantly participate in the physician-patient relationship. These carriers may be commercial insurance companies, or, they may be nonprofit organizations like the Blue Cross or Blue Shield. They may be prepayment plans organized by employers or employees, or they may be organized jointly by both employers and employees. They may be prepayment plans organized by consumers on a community-wide basis, or they may be prepayment plans organized by local medical societies which compete with consumer-sponsored prepayment plans.

All of these "third parties" greatly differ from each other with regard to the methods which they employ in participating in the physician-patient relationship. Your profession, through its local, state and national organizations has scrutinized, and appropriately so, these methods for many years. You have approved some and you have actively opposed others. As I under-

stand it there are many different points of view as to whether a given plan or method is beneficial or detrimental to the traditional physician-patient relationship.

This is a fundamental issue that has beset many members of Congress, and especially the members of our committee, in the consideration of the many proposals, and I might say, demands which we have had in matters of public health. I am personally concerned about the trend in the thinking that goes into these legislative proposals but want to emphasize here that this is the fundamental principle involved between the traditional system, the freedom and unrestrained relationship on the one hand and governmental interference, or often referred to as socialized medicine on the other.

As new "third parties" appear on the scene, new issues will be raised for some time to come and perhaps the debate will become heated in particular cases to the point where some of these controversies will, as they have in the past, reach the courts, state legislatures, and the Congress of the United States.

There are other "third parties" that are not thought of quite as frequently as "third parties"

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because their attempts to influence the traditional physician-patient relationship are of a different character. I have in mind drug and pharmaceutical firms on the one hand and foundations and voluntary associations operating in the health field on the other hand. The Committee has received a number of interesting communications from members of your profession pointing to the increasing amount of advertising engaged in by some pharmaceutical firms addressed to the public in general. The purpose of this advertising obviously is to create a demand on the part of the general public for particular drugs. Some of these drugs may be sold on prescription only. Therefore, such public advertising is aimed at creating a demand on the part of the patients that physicians prescribe particular drugs. Thus, the pharmaceutical houses engaged in such advertising seek to influence the physician-patient relationship. Some physicians who have communicated with our committee have suggested that such advertising constitutes an unwarranted interference on the part of the particular drug manufacturer in the traditional physician-patient relationship. It is my under-

standing that the problems have been the subject of study by a special committee established by the American Medical Association. If these practices continue and increase in frequency, our committee too may desire to study how these practices affect the public welfare, or should I say public "tranquility."

Public demand for particular drugs, or biological products, is created not only on the basis of public advertisements. Foundations and voluntary organizations concerned with particular diseases aim at reaching the public to arouse interest in these specific diseases and to stimulate their prevention or cure. In some instances substantial differences of opinion have arisen on the part of medical experts, whether a vaccine or a pharmaceutical or biological product is safe and efficacious and whether it should or should not be given to patients. There might be further disagreement among medical experts with regard to the methods which should be employed in applying the vaccine or the pharmaceutical product. The direct contact however which a foundation or other organization may have with the general public may greatly influence traditional physician-patient relationships. We cannot easily forget an experience so recently which pointed so forcefully this particular problem.

So, you can see we have a multitude of "third parties" which seek to participate in the physician-patient relationship. Some of the "third parties" have become generally accepted by physicians and patients. As to other "third parties" the situation is often not so clear, and this is particularly true with regard to some of the more recent "third parties" whose potential power for good or evil is very great indeed. As an example, you have the existing contentions which have arisen recently on certain kinds of prepayment plans.

It is impossible for me to discuss the benefits and disadvantages, both actual and substantial—of all of the "third parties" that I have referred to so far. Therefore, I would like to single out for attention one "third party" to whose role with regard to the traditional physician-patient relationship I have given particular thought—and I refer to the Federal Government as a "third party in medicine."

How are we to judge the role of the Federal Government as a "third party?" In order to do

*Continued*



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this we must be ever mindful of the nature of the physician-patient relationship.

In spite of the general tendency towards increasing specialization on the part of the medical practitioner, modern medicine appears to stress more and more the interrelationship of all human functions and the need for dealing with the whole person of the patient. This concept of medicine requires more than ever a peculiar relationship of confidence between patient and physician. Any attempt to make this relationship of confidence over into a service which can be routinized or standardized and which may be purchased at a going price in the market place can only result in destroying that relationship. This does not mean, however, that ways and means might not be found in the future by the medical profession on the basis of carefully conducted experiments of facilitating the rendering of medical services through the utilization of new and improved methods of prevention, diagnosis and treatment.

If this personal relationship of confidence is to be preserved—and I, for one, am determined that it will be—it follows that the role of the Federal Government as a “third party” in that relationship must be carefully circumscribed if it is to further and not harm that relationship.

We might postulate, first, that the Federal Government should not play any “third party” role unless there is a clearly demonstrated actual need for such a role, and unless there is substantial agreement that such need cannot be met in any other way.

Secondly, we might say that after the actual need has been clearly demonstrated, and after substantial agreement has been reached that the Federal Government should become a “third party,” then the needs should be met, wherever possible, through indirect rather than direct methods. In other words, the Federal role should not be, except in special circumstances like in the case of our Armed Forces, for example, to provide medical services but to help provide the facilities in which, or to create the conditions under which, physicians are enabled to furnish the needed medical services without further participation of the Federal Government.

I believe that these two yardsticks—the yardstick of clearly demonstrated actual need and the yardstick of indirectness—have been employed by the medical profession in judging the merits

—or the lack thereof—of health legislation. Those legislative programs which the medical profession has supported in the past, such as programs for federal aid in the construction of hospitals and research facilities, have met this dual test of need and indirectness.

Another program which is pending before our committee, calling for federal aid for the construction of medical school facilities likewise appears to meet these two tests and thus is receiving your support. Even though there is great urgency for this program to meet an emergency with the economy wave and the consciousness of ever great federal responsibilities I have as Chairman of the Committee experienced difficulty thus far in getting off of the ground with further authorization. Our committee has observed the caution sign emanating throughout the country.

The fact that in the case of some programs the Federal Government is an “*indirect* third party” does not mean at all that it is an “*insignificant* third party.” Take the appropriations for the National Institutes of Health for medical research. These have grown over a 20-year period from slightly less than one-half million dollars in 1938 to more than \$220 million in 1958.

In the case of the Hill-Burton program, Federal funds appropriated for the current fiscal year amount to \$125 million, and the budget request for the next fiscal year is only slightly less. Since the inception of the program in 1946, the Congress has appropriated over \$937 million for the construction of hospitals.

On the other hand, plans calling for compulsory health insurance which would have resulted in a substantial curtailment of the independent character of private insurance carriers and prepayment organizations have met with your spirited opposition, and I can truly say, mine too, consistently. I venture to say that in regard to that proposal you probably felt that there appeared to be no clearly demonstrated need for such a far-reaching program, and that the methods proposed in these measures directly injected the Federal Government as a “third party” in physician-patient relations.

Finally, let me say that in my judgment the Committee on Interstate and Foreign Commerce, whenever health legislation comes before it for consideration, will exercise the greatest

*Continued*



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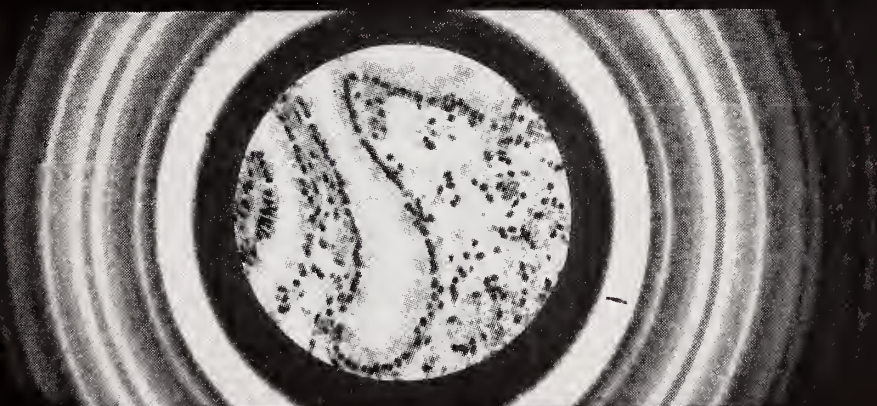
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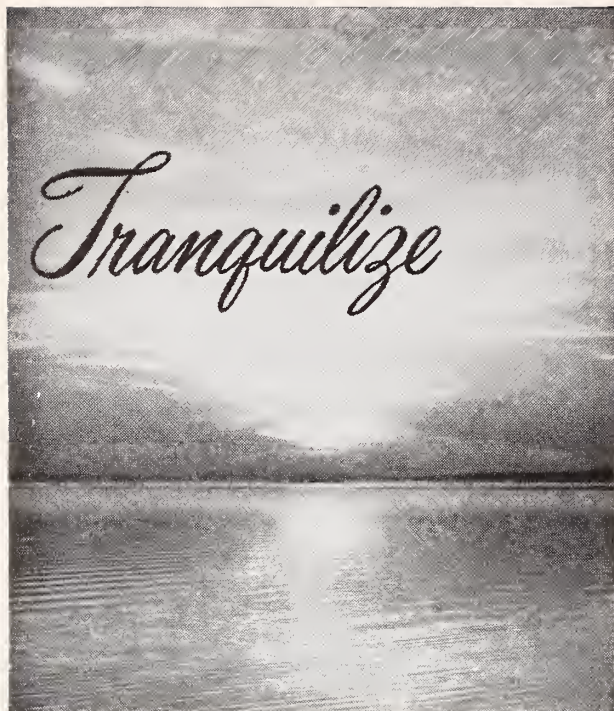
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care to see to it that the Federal Government does not unnecessarily become a "third party" in medicine. When a need for federal participation has clearly been established, the Committee will examine the proposal to determine whether the methods by which the Federal Government would be called upon to participate are such that they will not adversely affect the all important relationship of confidence that must exist between physician and patient.

I want to remind you, however, that the American people have always felt free to call upon Congress to act in any area of their lives if they feel that a need for action exists. As you well know, a considerable amount of public attention has been focused on the high cost of medical care (of which doctors' fees are only a part). If the American people should feel that large segments of the population, as for example, the aged or the chronically ill are unable to secure adequate medical care because the cost of such medical care is beyond their ability to pay, then they will call upon Congress to meet these needs.

In this respect the American people have changed little if any since the days when the famous Frenchman, Alexis de Tocqueville, visited these shores. Upon his return to France in 1830 he wrote:

"These Americans are the most peculiar people in the world. You will not believe it when I tell you how they behave. In a local community in their country a citizen may conceive of some need which is not being met. What does he do? He goes across the street and discusses it with his neighbor. Then what happens? A committee comes into existence and then the committee begins functioning on behalf of that need."

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EARL W. MERICLE, M.D.\*

*Indianapolis*

THE FIRST MORNING of the conference was devoted to matters pertaining to science writers and the press in covering of medical stories. Also discussed were problems involving the release of stories by medical schools and pharmaceutical companies. Once again we dealt with the fact that doctors and reporters are doing better in regard to public relations and both are getting along better but there is still a great deal to be done. It was pointed out repeatedly that the code of ethics of the American Medical Association has been changed in order to permit physicians more latitude in discussing news items with reporters. It seems that throughout the United States there are differences of opinions; in some sections of the country the physician is at liberty to give the story and his name may be utilized if necessary; in other sections of the country this is frowned upon. The situation of doctors' reporting or not reporting, according to their choice, is on a better basis now than ever has been the case before.

Considerable time was spent in discussion of the advantages geographic full-time men of universities have in publishing news which augments their salaries and positions. It was pointed out that this can be utilized in a detrimental way. It was brought out further that a geographic full-time man is in a large measure tax supported in his efforts and the man in private practice is helping support a colleague who is competitive with him. There is much to be done in this area.

In regard to the pharmaceutical houses, it seems that on some occasions some business enterprises become a little over-zealous in their

efforts to get into the newspapers stories regarding their products before these are thoroughly tried. A few embarrassing things have happened when publicity has broken on a drug before the proper time. However, the reputable drug houses are not guilty of this.

The afternoon session of the first day was spent, in general, in a clinical manner with problems of the various sized medical societies being considered. The problems most discussed were those of economics and public relations of doctors in general. Jim Waggener presided as chairman for most of these sessions.

The morning of the second day was spent in grievance committee efforts. Little was learned that is not already known in the state of Indiana. In fact, Indiana participated rather well in all of the discussions there. Harry Pandolfo was a panelist and did a commendable job of presenting a case which had been brought to our attention here recently.

From 11:00 a. m. to noon on the last day of the conference we were permitted to hear a discussion on "Means of handling problems brought to a medical society." The following steps were suggested:

- 1) Define facts of the problem
- 2) Analyze the facts
- 3) Construct the critical definition of the problem
- 4) List all possible solutions
- 5) Classify
- 6) Select the most promising solution and go to work

We were then briefed on a bill to be introduced to the Senate. This bill is to provide free medical attention (as part of the insurance benefits) for Social Security recipients at the age of 65. Labor is back of this bill. The American Medical Association is opposed to it, feeling

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\*Chairman of the 1956-57 Committee on Public Relations of the Indiana State Medical Association. The conference, under the auspices of the American Medical Association, was held on August 28 and 29.

that it is a further inroad toward socialized medicine. It is hoped that all doctors in the communities throughout the United States will immediately disseminate this information, and mobilize all defensive strength against this bill. Legislators and friendly groups, such as the Chamber of Commerce and Farm Bureaus, are to be contacted. Other groups are to be contacted and we are to work with them. It seems to those who have studied the possibilities of this bill that it would ruin private enterprise almost completely. Emphasis was made of the fact that the American Hospital Association *may* support this bill. If it does, this places medicine and the Hospital Association in the rather ludicrous position of both being health agencies but having different viewpoints toward the same bill. It was the feeling of the doctor who presented this fact to us that the trustees of the hospital must be aware of what their hospitals are doing in this effort.

We were next addressed by a gentleman on Medical-Legal affairs. He was a lawyer from Iowa by the name of Robert B. Throckmorton and he reported that the Iowa Medical Associa-

tion had won the fight against corporate practice of medicine in the state. He spoke briefly on the relationship between doctors and lawyers and then discussed means of getting a long-range legislative program as a positive public relations venture instituted in his state. It seems that they have a 15-year program planned—each county has a representative who is selected by the state president to aid in the long-range program. They are gathering strength as they go along and are becoming more politically effective in their efforts. Mr. Throckmorton said that on matters wherein we are criticized, such as “Are there enough doctors?” we should learn the facts and publish them before the opposition does so. We should be the first to point out anything wrong with our way of practice and have a means of correcting it before others do. He emphasized the fact that this effort must go into “grass roots” for it to be effective. He gave typical means of getting these people interested and their effective ways which I feel are already a part of our public relations program in the state of Indiana.

Next we had a discussion on professional liability problems. This was presented by William Nebeker, M.D., of Salt Lake City, Utah. He pointed out the fact that two main problems were the cause of most malpractice suits in Utah. One was the tendency of surgeons to get in over their heads, the other was criticism of one doctor by another. Dr. Nebeker indicated that consultation was the best method of preventing malpractice suits. Also, he stressed the fact that good records are essential in defending a case. Next he described the manner of handling this situation in Utah. They have set up a medical-legal committee which goes into action before the case is filed. This committee acts to help settle all issues in a fair manner. The committee also plans to start a course in indoctrination in the medical schools so that the young doctor entering into practice will realize his malpractice hazards before he starts.

Next was a discussion of the medical-legal cooperation by Edward F. Willenborg, Executive Secretary of the Academy of Medicine of Cincinnati. It seems that in Cincinnati they have developed a code of cooperation between lawyers and doctors and they are getting along very well there. It might be well for us to take a look at this effort.

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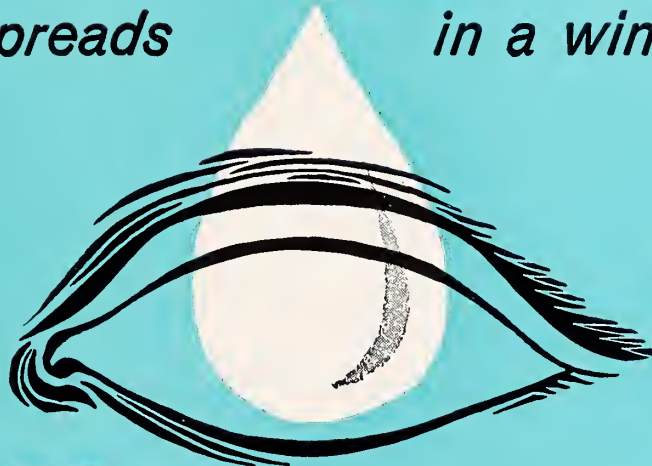
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<sup>\*</sup>Reg. U. S. Pat. Off.



# Some Comments on The JOURNAL's Golden Anniversary Observance

"I think the first number of the Golden Anniversary issues is fine. It is beautifully done. Congratulations.

David A. Bickel, M.D.  
South Bend"

— 50 —

"Permit us to express our congratulations to you on the celebration of the Golden Anniversary of The JOURNAL of the Indiana State Medical Association and also to express our deep appreciation for the reproduction of our Company's advertisement in your first issue of January 15, 1908.

"We know that our representative, Mr. Kenneth W. Moeller, joins us in this expression of appreciation and we trust that the good relations which have existed between your JOURNAL and this Company during the past half century will continue in the next.

Sincerely,

T. E. Haberkorn, Vice President  
The Medical Protective Company  
Fort Wayne, Indiana."

— 50 —

"Many thanks for calling my attention to Volume 50, Number 1 of The JOURNAL of the Indiana State Medical Association . . . I am sure that Parke-Davis will be most interested in the reproduction of their 1908 ad on Taka-Diastase.

"Thank you very much for your kind interest.

Very cordially yours,

L. W. Frohlich & Co., Inc.  
New York 22, N. Y.  
By: Julian Farren."

— 50 —

And the Connecticut State Medical Journal says:

## **"Indiana Journal Reaches Age of Fifty**

"This is the Golden Anniversary year of the JOURNAL of the Indiana State Medical Association. As with our own JOURNAL, Indiana's was founded to replace its annual Transactions. Unlike Connecticut, however, Indiana's baby was two years from conception to birth. At the age of fifty it merits due esteem and reverence from one which this year arrives at the mature age of twenty-one.

"Much thought and careful planning went into the establishment of the Hoosier publication. The fifteen members of the Council responsible for this accomplishment wrought well. We offer our cordial greetings on this Golden Anniversary."



# Ninth Annual Diabetes Detection Week Planned for November 17-23

*A*N INTENSIVE SCREENING program to find the million persons in this country who have diabetes and do not know it will be held again during the week before Thanksgiving. The American Diabetes Association which is sponsoring this ninth annual detection and education program is composed of physicians who are deeply concerned with the diabetes problem. The Detection Drive is directly conducted by physicians exclusively, working through County and State Medical Societies and the 41 local affiliates of The American Diabetes Association.

More than 2,000,000 Americans are diabetic and pilot studies indicate that half of these are "unkown" so that their diabetes is uncontrolled.

Perhaps as many as 4,750,000 more are potential diabetics. Discovery of the hidden diabetic is as much the function and duty of the physician as is treatment of the patient whose ailment has been diagnosed. Helping to detect diabetes is one way of giving better medical care to more people and the physician who wants to improve the care of his patients will want to detect diabetes as early as possible in those for whom he feels a medical responsibility.

For additional information get in touch with the Committee on Diabetes of your County Medical Society or write to: American Diabetes Association, Inc., 1 East 45th St., New York 17, N. Y.

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when anxiety and tension "erupts" in the G. I. tract...

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erous . . . they have selected the state journals to carry their messages more frequently, several new accounts have appeared in The JOURNAL for the first time and the old advertisers have in many instances increased the amount of space they use.

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Phenacetin (3 gr.) . . . . . 194.0 mg.

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Hyoscyamine Sulfate . . . . . 0.031 mg.

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Propenpyridamine Maleate . . . . . 12.5 mg.

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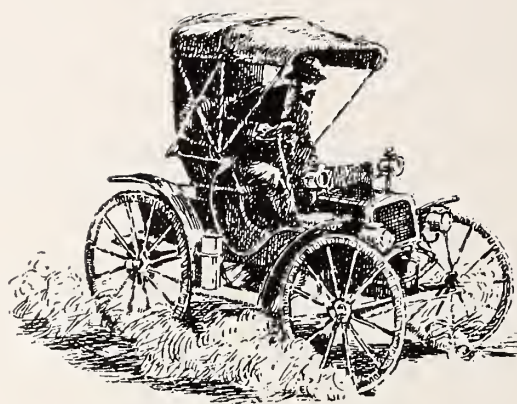
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# Fifty Years Ago . . .

**T**HE AIR and The JOURNAL pages were filled with political talk 50 years ago as the publication went to press . . . the editor was called upon to defend his discussion of political matters and did so with great vigor . . . answering the charges that "the editor is a red hot Democrat, or he wouldn't slander Joe Cannon" and "if the editor was not a rabid Republican he would not jump on Bryan because he (Bryan) carries quack medical advertising in The Commoner", the JOURNAL editor said "To all of this we desire to say that the editor is neither a Democrat nor a Republican when he edits The JOURNAL, and his editorial comments of a political nature, prove the statement. He is a medical man, with the best interests of the medical profession at heart, and he honestly believes that medical men owe it to themselves and to their profession to take an interest in politics from a medical man's standpoint. He also believes that The JOURNAL is not overstepping the bounds of propriety or diplomacy in frankly discussing political questions and candidates when such discussion is limited to that phase which is of particular interest and importance to the medical profession, and which should be considered wholly and above the question as to whether it is for or against any political party."

— 50 —

Three letters follow . . . one from the editor to the state's two candidates for governor . . . Thomas R. Marshall, the Democrat, and James E. Watson, the Republican . . . the replies of both candidates met with approval of the medical profession . . . both men indicated their interest in public health problems and prevention of disease. Marshall's answer was a somewhat abrupt one paragraph affair in which he stated he "thought I had made myself thoroughly understood in my two printed speeches, in which I said I was heartily in accord with all measures which the state could afford that would increase the efficiency of the various Boards of Health and would promote preventive medicine." Wat-



son, typically, wrote at greater length, saying "You ask me whether or not as Governor of Indiana I am willing to 'approve all rational public health and medical measures.' I do not see how any right-minded man could object to approving legislation of that kind." And so it was that The JOURNAL said "it seems quite safe to assume that the aims and objects of the medical profession will receive appropriate consideration at the hands of either Mr. Marshall or Mr. Watson as governor."

— 50 —

Editorially 50 years ago this October The JOURNAL said "Most if not all county societies have an election of officers in the fall . . . We urge every society to take great care in selection of a secretary, for upon the secretary depends in a very large measure the life and growth of a society . . . any society can get along with a poor president but no society can get along with a poor secretary."

— 50 —

Venereal disease was a prominent topic in October 50 years ago . . . The JOURNAL carried two scientific articles on the subject . . . "The Prevention of Venereal Diseases" by Goethe Link, M.D., Indianapolis, and "Gonorrheal Ophthalmia" by Walter Nevin Sharp, M.D., Indianapolis.

*Continued*



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Combines ACHROMYCIN V with NYSTATIN

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ACHROSTATIN V CAPSULES  
contain 250 mg. tetracycline  
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## Fifty Years Ago (continued)

lis oculist. The editorial columns tell of an article in the Ladies Home Journal in which parents are admonished to talk frankly with their children of the great "black" plague and to cease our "ostrich-like policy of hiding our faces from the facts."

— 50 —

Bacterial vaccines were appearing on the market . . . one advertisement told of sending American representatives to London to study at first hand the production of vaccines in the laboratories of Sir A. E. Wright . . . a warning was sounded that is as good today as then . . . we quote from the Parke-Davis advertisement . . . "we have collected a mass of information concerning the utility of these products which demonstrates that, in properly selected cases and in competent hands, they yield good and at times brilliant results. (In improper cases, or in in-

competent hands, the effects may be negative or even harmful)."

— 50 —

Physicians were reported to be ill with typhoid, from hemorrhage, and from fractured arms received while cranking automobiles . . . 50 years ago.

—j.s.g.

— 50 —

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# Thirst, too, seeks quality





# Deaths . . .

**Charles Howard DeWitt, M.D.**, Valparaiso, died June 22 in Porter Memorial Hospital, Valparaiso, of arteriosclerotic heart disease. He had seen patients regularly until a few days before his death. He was 84 years old.

Dr. DeWitt spent several years in the teaching profession before he obtained his medical degree from Chicago College of Medicine and Surgery in 1914. He was an instructor at Valparaiso University from 1900 to 1905, later was director of the histological and pathological laboratories at Chicago College of Medicine and Surgery and director of histological, pathological and bacteriological laboratories at the Chicago College of Dental Surgery.

From 1919 to 1954, Dr. DeWitt was radiologist for a group of physicians in Valparaiso and was in general practice of medicine from 1919 to 1957. During that period he was active in medical organization work, was the author of several published works, and served as both Valparaiso and Porter county health officer.

His hobby for many years was the growing of roses which he gave to his patients. He was a member of the American Rose Society.

Dr. DeWitt was a member of Porter County Medical Society, the Indiana State and American Medical Associations.

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**James Frederic Spigler, M.D.**, 51, died September 2 in his home in Terre Haute. He had been in ill health and in retirement for the last year. Dr. Spigler was a physician and surgeon with practice limited for several years to surgery and pulmonary tuberculosis.

He was a native of Terre Haute where his father, Dr. O. R. Spigler, was a prominent physician for many years. He received his A.B. and medical degrees from the University of Pennsylvania, interned at the Abington, Pennsylvania, Memorial Hospital and

returned to Terre Haute to practice in 1931. In 1937 Dr. Spigler did postgraduate work at Trudeau Sanitarium.

In 1936 and 1939 Dr. Spigler served as vice president of the Vigo County Medical Society. He was president of the Fifth District Medical Society in 1946. President of the Indiana State Tuberculosis Association in 1944, Dr. Spigler had served on the national board of directors since that time. Because of his outstanding contribution to the specialized field of tuberculosis, he was made a life member of the Vigo County Tuberculosis Society.

Dr. Spigler was a member of Vigo County Medical Society, the Terre Haute Academy of Medicine, the Aesculapian Society, the Trudeau Society, the Indiana State and American Medical Associations. He was also a fellow of the American College of Surgeons and the American College of Chest Physicians. He had been on the staff of St. Anthony's Hospital, Terre Haute, since 1931.

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**Lawrence W. Elsner, M.D.**, 53, died September 8 in Schneck Memorial Hospital, Seymour. He had been ill for five years.

A native of Seymour, Dr. Elsner received his degree from the University of Cincinnati College of Medicine in 1938 and was licensed in Indiana in 1939. He was the first president of the Schneck Memorial Hospital board. He specialized in anesthesiology.

Dr. Elsner held membership in several fraternal organizations, and was a member of the Jackson County Medical Society, the Indiana State and American Medical Associations.

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**William M. Veazey, M.D.**, 92, Avilla physician for 65 years, died September 8 in his

home. He had been seriously ill for two weeks.

A series of events had honored Dr. Veazey during the last 10 years. Beginning with the awarding of a 50-year certificate by the Indiana State Medical Association in 1947, other events included a "Dr. Veazey Recognition Day" in 1952 when Avilla residents celebrated his 60 years of practice with a public ceremony, awarding of a bronze plaque, and the furnishing of a room in Sacred Heart Hospital, Garrett, in his honor.

A native of Noble county, he received his medical degree in 1891 from the Kentucky School of Medicine at Louisville and opened his office in Avilla the same year. He had been active in the practice of medicine from that time until 1955 when he retired. He was a member of the Avilla board of education for several years and an active church member.

Dr. Veazey was a member of the Noble County Medical Society, and of the Indiana State and American Medical Associations.



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**John J. Boaz, M.D.**, 81, Indianapolis physician for 60 years, died September 11 in St. Vincent's Hospital.

A native of Baltimore, Maryland, Dr. Boaz was a graduate of Central College of Physicians and Surgeons at Indianapolis in 1895. He had offices in the Indiana Pythian building for many years, and was a former police surgeon. He was a retired colonel in the Indiana National Guard and had been active for many years in Masonic work.

Dr. Boaz was a senior member of the Indiana State Medical Association and a member of the Fifty Year Club. He also held membership in Indianapolis Medical Society and the American Medical Association.

**Joseph A. Meiner, M.D.**, Kokomo physician for 52 years, died on September 11 following a two-year illness. He was 77.

Dr. Meiner was born in Arrowsmith, Illinois and received his degree in medicine from the St. Louis University School of Medicine in 1905. He practiced in Alexandria before establishing his office in Kokomo. He retired from active practice in 1955.

During World War I, Dr. Meiner served as a first lieutenant in the Army Medical Corps.

He was a senior member of the Howard County Medical Society, the Indiana State Medical Association, and the American Medical Association and of the Fifty Year Club of I.S.M.A.

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In keeping with its tradition of responding to the immediate needs of the medical profession, Lederle announces the availability of "Influenza Virus Vaccine-Monovalent, Type A Asian Strain," produced according to N.I.H. specifications.

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# NEWS NOTES—from State and Nation

## Two Indiana Physicians to Speak at Rhinologic Society Meeting

Dr. Carl B. Sputh, Jr., and Dr. Lewis E. Morrison, both of Indianapolis, will present papers at the third annual meeting of the American Rhinologic Society at the Palmer House, Chicago, on October 18 and 19.

Dr. Sputh's topic is "Management of Nasal Injuries." Dr. Morrison will present a paper on "Management of Nasal Injuries in Children."

Dr. Sputh is also a member of the program committee.

The annual dinner will be the closing event of the two-day meeting. Guest speakers at that event will be Dr. Francis L. Lederer, University of Illinois College of Medicine; and Dr. John E. Bordley, Johns Hopkins Medical School.

There is no registration fee and members of the profession are welcome. Details may be obtained from Mrs. Mabel Campbell, 830 Wellington Avenue, Chicago 14, Illinois.

Dr. Joseph E. Walther, governor of Indiana for the American College of Gastroenterology, will attend the 22nd annual convention of that group at The Somerset, Boston, on October 21, 22, and 23. The College of Gastroenterology will be celebrating its silver anniversary during the convention.

A course in Postgraduate Gastroenterology will be held for advance registrants during the three days immediately following the convention. Copies of the program and additional information may be obtained from the American College of Gastroenterology, 33 West 60th Street, New York 23, New York.

Dr. Robert W. Harris, New Albany physician, has been appointed director of the Floyd-Harrison County Health Department, succeeding Dr. Frederick K. Allen, who resigned to accept a position with the Florida Public Health Service. Dr. Harris is a 1956 graduate of the University of Louisville School of Medicine. He is associated in practice with Dr. John M. Paris.

Dr. William E. Stansbury, who completed his internship at Methodist Hospital, Indian-

apolis, July 1, has established an office for the general practice of medicine at 38th Street and Sherman drive in Indianapolis. He is a native of Tell City, a graduate of Indiana University School of Medicine, and a World War II veteran. Dr. and Mrs. Stansbury and their two sons live at 3502 West 16th Street, Indianapolis.

Dr. R. B. Jones, LaPorte physician and surgeon, has moved from offices he had occupied for more than 30 years to a new location at 1110 Indiana Avenue, LaPorte. He has resumed his medical practice which he relinquished some time ago, and serves as surgeon consultant. His associates in the new location are Dr. John C. Richter, who had been in practice with him for eight years, and Dr. Myer Stumer, Michigan City orthopedic surgeon, who has been with Drs. Jones and Richter on a part-time basis this year.

## I. U. Gerontology Course Has Been Cancelled

The postgraduate course in gerontology which had been scheduled for February at the Indiana University Medical Center has been cancelled, an announcement from the office of Dr. W. Donald Close, director of the Division of Postgraduate Education, reveals. The course was included in the schedule for 1957-58 published in the September issue of The JOURNAL.

## Milwaukee Academy to Present Symposium on Radioisotopes

The Milwaukee Academy of Medicine will present a Symposium on Radioisotopes in Brooks Memorial Union, Marquette University, on Saturday, December 7 from 9 to 4 p.m.

The object will be to present a discussion of radioisotopes, fundamental information with medical orientation.

All physicians are welcome to attend. There is no registration fee. Luncheon will be served at the Union.

Reservations may be made by writing the Milwaukee Academy of Medicine, 561 North 15th Street, Milwaukee 3, Wisconsin.





*It's not a bit too soon—*

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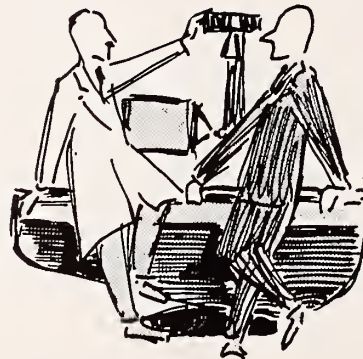
He'd probably tell you first how incredibly easy it is to use (just dial the body part and set its thickness... then press the button). He might sigh with relief at having no charts to consult, no calculations to make (the anatomic principle does all the tedious "figgerin" for you).



He'd probably show you how good a radiograph he gets every time



He might even touch on the peace-of-mind that comes of having a local Picker office so near, with a trained Picker expert always on call for help and counsel



and there'd be no mistaking the light in his eye when it falls on the handsome big-name unit whose fine appearance adds so much to the impressiveness of his office.

P.S. Somewhere along the line the matter of price would come up ... he'd most likely comment on how little he paid to get so much. Or he might even be among those who rent their x-ray machine (Picker has an attractive rental plan, you know).

P.P.S. Next best thing is to call your local Picker man in and let him tell you about this great new machine (find him in your 'phone book) or write Picker X-Ray Corporation, 25 South Broadway, White Plains, N. Y.

INDIANAPOLIS 4, IND., 239 K of P Building  
Evansville, Ind., 3108 Sheridan Road

Warsaw, Ind., R.R. #2 South Union St.  
Louisville 2, Ky., 1191 East Broadway



**Dr. W. E. Miller**, who had been associated since 1951 with Dr. H. E. Kitterman in the practice of orthopedics in Indianapolis, left August 1 for Miami, Florida where he was to become chairman of the orthopedic department of the University of Miami Medical School and serve on the staff of Jackson Memorial Hospital.

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#### **Van Metre Award Offered for Work on Thyroid Gland Problems**

The American Goiter Association again offers the Van Metre Prize Award of \$300 and two honorable mentions for the best essays submitted on original work on problems related to the thyroid gland.

The essays may cover either research or clinical investigations, should not exceed 3,000 words in English. Duplicate typewritten copies, double spaced, should be sent to the Secretary, Dr. John C. McClintock, 149½ Washington Avenue, Albany 10, New York not later than February 1, 1958.

The award will be made at the annual meeting in San Francisco on June 17, 18 and 19, 1958.

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**Dr. John S. Wilson** will return to Columbia City, his home town, later this fall on completion of his internship at Memorial Hospital, Lima, Ohio. He will be associated with Dr. Jules C. Heritier in the practice of general medicine and surgery.

Dr. Wilson received his degree in medicine from Indiana University School of Medicine in 1956. He and Mrs. Wilson and their small son will live at 369 North Line Street, Columbia City.

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**Dr. Richard B. Juergens**, a 1954 graduate of Cincinnati College of Medicine, is now associated with Dr. Roger D. Saylor in the general practice of medicine at the Gerberhaus Motor Hotel in Fort Wayne. Dr. Juergens, a native of Toledo, interned at Western Reserve University School of Medicine in Cleveland and served a two-year residency in general practice at Mercy Hospital, Toledo.

Dr. and Mrs. Juergens and their three daughters live at 6825 Ludwig Circle, Fort Wayne.

#### **Divisional Medical Director Named by Mead Johnson**



Dr. Rinaldo V. Kron, formerly civilian medical director at the Puget Sound Navy shipyard, recently became medical director of Mead Johnson and Company's parenteral products division.

Dr. Michael J. Sweeney, formerly associate medical director of the company, has been appointed director of the nutritional and pharmaceutical products division of Mead Johnson.

The two divisional directors are responsible for rendering medical opinions and technical service on products, determining product characteristics, maintaining safety in the use of the company's products, and maintaining professional contacts for their divisions.

Dr. Kron, an engineer as well as a physician, has had experience in private practice, military and industrial medicine. Dr. Sweeney, a specialist in pediatrics, has been with Mead Johnson since 1954.

A native of Rochester, New York, graduate of Massachusetts Institute of Technology in mechanical engineering and graduate of the University of Rochester School of Medicine in 1943, Dr. Kron served a residency at Gary Methodist Hospital and then engaged in private practice in Gary and East Gary from 1947 to 1950 when he re-entered the Navy. He had held the Puget Sound post since 1955 when he was released from active duty as lieutenant commander.

---

**Dr. Paul J. Singer**, who has been in practice in Jasper for the last year, has opened a second office in Otwell where he will maintain a regular daily schedule of office hours. Otwell has been without a resident physician for 11 years. Dr. Singer is a native of Cincinnati, a graduate of Stritch School of Medicine, Chicago, and served his internship at Harper Hospital, Detroit. He was medical officer at the Crane Naval Depot for three years.

## Post-Doctoral Fellowships in Research, Clinical Allergy Offered

The American Foundation for Allergic Diseases has announced that applications may be filed no later than December 15, 1957 for two-year post-doctoral fellowships in research and clinical allergy.

Candidates must be graduates of approved medical schools and must have completed one or two years of the graduate training required as a preliminary to certification by the Boards of Internal Medicine or Pediatrics; they are to divide their time between research and clinical training, and in the second year 10 to 15 per cent of a candidate's time might be devoted to teaching. Allowances under the fellowships are \$4,500 for the first year; \$4,750 for the second year and laboratory and travel expense for the two-year period, \$750.

Requests for applications should be sent to either Dr. Colin M. MacLeod, Professor of Research Medicine, University of Pennsylvania, 820 Maloney Clinic, 36th and Spruce Streets, Philadelphia 4, Pennsylvania, or Dr. Herman N. Eisen, Professor of Medicine, Washington Uni-

versity School of Medicine, 600 South Kingshighway, St. Louis 10, Missouri.

## Indiana Physician Participates in Psychosomatic Medicine Program

Dr. Ralph High, head of the department of obstetrics and gynecology at the Muncie Clinic and consultant in gynecology at Ball Memorial Hospital, Muncie, is scheduled to appear on the program at the fourth annual meeting of the Academy of Psychosomatic Medicine at the Morrison Hotel, Chicago, in October. Dr. High will speak on the last day of the three-day meeting, October 19. He will discuss a formal paper on "Psychogenic and Somatogenic Factors in the Menopause" to be given by S. R. M. Reynolds, Ph.D., professor and head of the department of anatomy, University of Illinois College of Medicine.

## Staff Changes Announced by Davis Clinic at Marion

Dr. Jack G. Oatman, formerly with the Veterans Administration hospitals in Marion and Pittsburgh, is now associated in a full time capacity with the Davis Clinic at Marion. He is a graduate of the University of Michigan Medical School and certified by the American Board of Psychiatry and Neurology. Dr. Oatman's services have also been made available to the Marion Mental Health Clinic.

Dr. Richard T. Smith who has been in internal medicine at the clinic has left to accept an appointment on the faculty at the University of Iowa Medical School and at the VA Hospital in Iowa City.

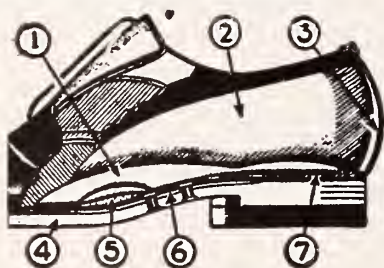
Joining the staff as a replacement for Dr. Smith is Dr. Harrison M. Langrall, who has just completed a fellowship at the Mayo Clinic in internal medicine. Dr. Langrall is a graduate of the University of Maryland School of Medicine and College of Physicians and Surgeons.

Dr. Ladislav D. Wojcik of the Davis Clinic staff, Marion, has returned from a three-week trip to Lima, Peru, where she attended a pediatrics conference.

## The Importance of Feet

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by Heid's  
like you  
appreciate*



Basic lasts for the various shapes and contours of feet for men, women and children at reasonable prices.

Also orthopedic applications for new or already worn shoes — metatarsal bars, Thomas heels, sole and heel wedges, extensions, arch padding and transferable arch supports.

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# Announcing

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Cold Formula



**antitussive:**  
**antihistaminic:**  
**decongestant:**  
**analgesic-antipyretic:**

Romilar CF brings new comfort and ease to your patients with colds and other respiratory disorders by providing more complete symptomatic control. Romilar CF syrup combines the benefits of an antihistaminic, a decongestant, and an analgesic-antipyretic with the effective cough suppressant action of Romilar Hydrobromide\* — the non-narcotic cough specific with codeine's antitussive effect but without codeine's side effects.

Each teaspoonful (5 cc) of Romilar CF provides:

Romilar <sup>®</sup> Hydrobromide*	15 mg
Chlorpheniramine Maleate	1.25 mg
Phenylephrine Hydrochloride	5 mg
N-acetyl-p-aminophenol	120 mg

ROCHE LABORATORIES  
Division of Hoffmann-La Roche Inc  
Nutley, New Jersey

\*Brand of dextromethorphan hydrobromide

## Mental Health Conference Scheduled for Chicago

The fourth annual A.M.A. Conference on Mental Health, with mental health representatives from state medical associations attending, will be held at the Drake Hotel, Chicago, November 22 and 23.

Dr. Leo H. Bartemeier, chairman of the A.M.A. Council on Mental Health, will welcome those registering.

Four facets of the mental health problem will be discussed: 1) The role of the general practitioner in relation to a specific psychiatric case; 2) Blue Cross-Blue Shield and other voluntary health plans for the psychiatric patient; 3) Relationship of the psychiatrist in private practice to the general hospital in his community; 4) Psychiatric and related mental health problems in industry.

Dr. Manfred Guttmacher, Baltimore, will be the speaker at the November 22 dinner meeting. His subject will be "The Role of Psychiatry in Relation to the Problem of Capital Punishment."

Dr. William Winter has joined the office staff of Dr. Leon Gray, Martinsville. He is a graduate of the University of Louisville School of Medicine, interned at Ohio State Hospital, Columbus, and completed his residency at the University of Iowa Hospital. Dr. Gray and Dr. Winter's father were classmates in medical school at the University of Louisville.

## Medical Assistants Attend National Meeting

Indiana delegates to the American Association of Medical Assistants national meeting at San Francisco on October 4, 5 and 6 were Mrs. Bettye J. Fisher, Evansville, president of the Indiana State Association of Medical Assistants; Miss Jeanne Woods, Indianapolis, president-elect; and Miss J. Marie Theobald, Indianapolis, secretary. Alternate delegates who attended were Miss Helen M. Smith, Indianapolis, director; and Miss Dorothy Morgan, Logansport.

Business meetings and workshops were held at the Sheraton-Plaza Hotel. A conducted tour of points of interest was on the last day's program.

when anxiety and tension "erupts" in the G. I. tract...

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Meproamate with PATHILON® Lederle

**Combines Meproamate (400 mg.)** the most widely prescribed tranquilizer . . . helps control the "emotional overlay" of ileitis — without fear of barbiturate loginess, hangover or habituation . . . **with PATHILON (25 mg.)** the anticholinergic noted for its extremely low toxicity and high effectiveness in the treatment of many G.I. disorders.

**Dosage:** 1 tablet t.i.d. at mealtime. 2 tablets at bedtime.

**Supplied:** Bottles of 100, 1,000.



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## Feeding Directions

### BAKER'S MODIFIED MILK (Liquid)

**NEWBORN INFANTS (Hospital)**—1 part Baker's to 2 parts cool water.

**FIRST WEEK AT HOME**—1 part Baker's to 1½ parts cool water.

**AFTER FIRST WEEK AT HOME**—1 part Baker's to 1 part cool water.

## INFANTS THRIVE ON BAKER'S.

And for sound reasons:

Baker's contains all requirements for complete infant nutrition . . . It is available as an easy-to-prepare Liquid and as a Powder, the latter particularly adaptable for feeding prematures and for complemental and supplemental feedings . . .

Both forms are easy to prescribe and prepare in hospital and home . . . Both cost less than a penny per ounce of formula, are furnished gratis to hospitals for your use.



Liquid

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## BAKER'S MODIFIED MILK THE BAKER LABORATORIES, INC.

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## Broadcasters and Physicians Sponsor Fall Conference

The medical profession and the broadcasting industry has announced plans for a conference on utilization of local radio and television time by medical and voluntary health organizations.

The two-day meeting will be sponsored jointly by the American Medical Association and the National Association of Radio and Television Broadcasters and will be held November 7 and 8 in the Sheraton-Blackstone Hotel, Chicago.

The conference will be open to radio and television broadcasters, representatives of medical societies, hospital organizations, voluntary health organizations and others interested in public interest health programs.

Information concerning the meeting can be obtained from the American Medical Association, 535 North Dearborn Street, Chicago 10, Illinois.

Dr. Martin A. Seidell, former Indianapolis physician and assistant Marion county coroner, is now serving as medical director of J. B. Roerig and Co., New York, a division of Chas. Pfizer & Co., pharmaceutical manufacturers.

Dr. Frank N. Hrisomalos, a native of Bloomington, is now associated with Dr. Neal E. Baxter and Dr. William A. Karsell, 306 East Kirkwood, Bloomington, in the general practice of medicine. He recently completed his internship at Indianapolis General Hospital where he had special training in anesthesia. Dr. Hrisomalos was graduated in 1956 from I.U. School of Medicine.

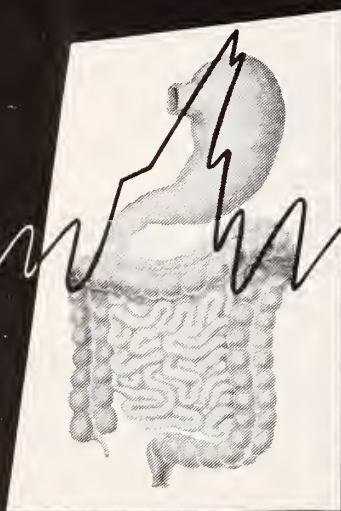
Dr. and Mrs. Hrisomalos and their two sons live at 505 East Kirkwood, Bloomington.

## Plan New Clinic Building for Three Doctors in Churubusco

Drs. E. A. Hershey, Jr., Linus Minick and Walter Hurt are now associated together in practice in Churubusco and have under construction a modern medical clinic with quarters for the three physicians, a laboratory, X-ray room, emergency surgical and recovery rooms and business and supply areas. The clinic is located at the south edge of Churubusco on U. S. 33. Architects' plans provide for possible future construction of a 20-bed hospital addition.

Dr. Hurt was formerly associated with Luckey Hospital, Wolf Lake.

## in spasticity of the GI tract



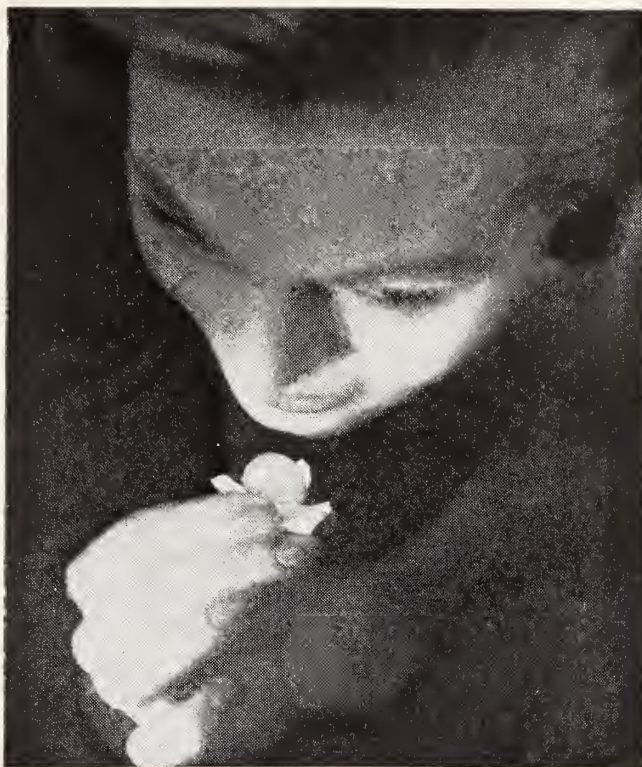
### **Pavatrine<sup>®</sup>** 125 mg. **with Phenobarbital** 15 mg.

- *is an effective dual antispasmodic*
- *combining musculotropic and neurotropic action plus mild central nervous system sedation for "the butterfly stomach."*

**dosage:** one tablet before each meal and at bedtime.

**SEARLE**





**Tastiest way to dissolve sore throat symptoms**



(HYDROCORTISONE-BACITRACIN-TYROTHRIN-  
NEOMYCIN-BENZOCAINE TROCHES)

Adult or juvenile, your patients with sore throats will welcome a course of HYDROZETS. These newest Merck Sharp & Dohme troches offer anti-inflammatory, anti-infective and analgesic properties that promptly alleviate distressing mouth or throat irritation whether caused by infection, mechanical injury or allergic reaction. And HYDROZETS taste so good, it's hard to believe they're medicine.

**Formula:** Each HYDROZETS Troche contains—2.5 mg. 'HYDROCORTONE' to reduce pain, heat and swelling; 50 units Zinc Bacitracin, 1 mg. Tyrothricin and 5 mg. Neomycin Sulfate to combat gram-positive and gram-negative bacteria; and 5 mg. Benzocaine for rapid soothing analgesia.

**Other indications:** As adjunct therapy in aphthous ulcers, acute and chronic gingivitis and Vincent's infection.

Supplied: Vials of 12 troches.



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DIVISION OF MERCK & CO., INC., PHILADELPHIA 1, PA.

## Postgraduate Courses Offered by Bunts Institute and Cleveland Clinic

The Frank E. Bunts Educational Institute affiliated with the Cleveland Clinic Foundation will present two postgraduate courses of unusual interest during the fall months, an announcement by Dr. Charles L. Leedham, director of education, discloses.

The first of the two courses will be "Current Trends in Hematology" and is scheduled for October 23 and 24. Registration is limited to 125 with a fee of \$20 for all except interns and residents and uniformed members of the Armed Forces.

The course will be held in the North Clinic Building at Euclid Avenue and East 93rd Street, Cleveland.

Guest speakers include Dr. Leon O. Jacobson, professor of medicine and director of Argonne Cancer Research Hospital, University of Chicago; Dr. Claude-Starr Wright, associate professor of medicine, University of Georgia; Dr. August Weisberger, associate professor of medicine, Western Reserve University; Dr. Carl Hinz, Jr., instructor in medicine, Western Re-

serve University; and Dr. Donald W. Bortz, director, division of medicine, Westmoreland Hospital, Greensburg, Pennsylvania.

Members of the faculty of the Frank E. Bunts Educational Institute who will participate are Drs. Battle, Harmon, Haserick, Hawk, Hazard, Hewlett, King, Leedham, Rossmiller, Skillern, and Van Ommen.

On November 13, 14 and 15 a symposium in "Clinical Chemistry Methods" will be offered under the same auspices at the Cleveland Clinic. The American Association of Clinical Chemists (Cleveland Section) is sponsoring this course which will be of interest to clinical chemists and the clinical chemistry laboratory supervisor. The fee is \$15.

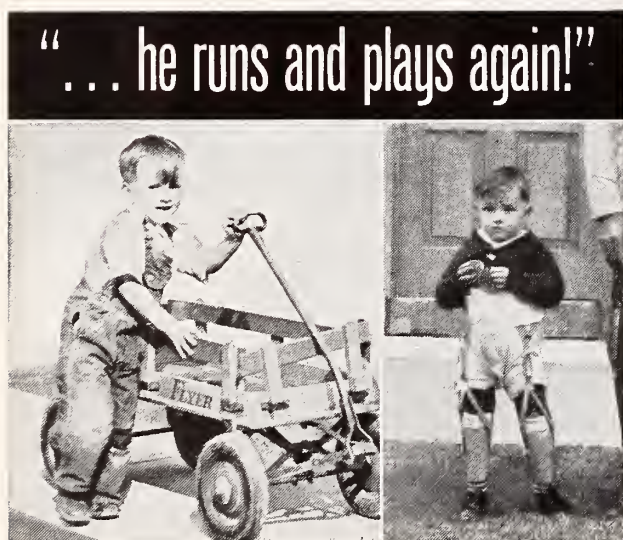
Guest speakers include Drs. Roger W. Marsters, Ph.D., Cleveland City Hospital; Samuel Natelson, Rockford, Illinois; J. Waide Price, Western Reserve University; Miriam Reiner, Ph.D., Washington, D. C.; John G. Reinhold, Ph.D., Philadelphia; Samuel Schwartz, University of Minnesota Medical School; and Felix Wroblewski, Memorial Center for Cancer and Allied Disease and Cornell University, New York.

Staff members participating will include Drs. Faulkner, Hainline, King, Leedham, and Lewis.

Address application with \$5 check (payable to The Frank E. Bunts Educational Institute) to: Registrar, The Frank E. Bunts Educational Institute, 2020 East 93rd Street, Cleveland 6, Ohio.

Dr. Frank M. Brown has reopened his office at 2875 Clifton, Indianapolis, after completing a year's work in radiology in Washington under a fellowship from the National Cancer Institute. He is a 1954 graduate of Howard University and served his internship in Wilkes-Barre, Pennsylvania.

Dr. Hugh Kenneth Moir, a native of Ontario, Canada, and graduate of Toronto University Medical School, has been added to the psychiatric staff at Clearview Hospital, Evansville. He succeeds Dr. Mary F. Hamilton, who has retired temporarily from psychiatric practice. Dr. Albert J. Crevello continues as Clearview medical director.



Hanger Prosthetic Appliances have brightened the present and the future for many amputees. For example, Weaver Nolt says: "My son, Lloyd, was a pathetic figure in a big hospital bed after his legs were amputated because of an accident. Today it's a big and wonderful world again as he gets along so wonderfully on his Hanger Legs. He walks without any help, and runs and pushes his wagon all over the farm. That other day is just a hazy memory, and we are so pleased things are so different than we expected.

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FAIRFIELD AT PONTIAC, FORT WAYNE, IND.  
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\* Spastic conditions of abdominal viscera can be promptly relaxed with Trasentine®-Phenobarbital. It acts both on smooth muscle and parasympathetic nerves; it has a direct anesthetic effect on gastrointestinal mucosa; it calms the patient as a whole. You can prescribe Trasentine-Phenobarbital to alleviate pain and spasm in ulcers, colitis, cholecystitis, pylorospasm, ureteral colic or dysmenorrhea. Tablets (yellow, coated), each containing 50 mg. Trasentine® hydrochloride (adiphenine hydrochloride CIBA) and 20 mg. phenobarbital. **C I B A** Summit, N.J.

## **Arthur G. Loftin Named to Indianapolis Medical Society Post**

Arthur G. Loftin has been named executive secretary of the Indianapolis Medical Society, and assumed his duties September 1. Announcement of his selection as successor to Joseph E. Palmer, executive secretary for 12 years, was announced by Dr. James M. Leffel, president of the Indianapolis society.

Mr. Loftin, former Indianapolis newspaperman and administrative director of the old Indiana Council for Mental Health, was named several months ago as administrative assistant to Dr. S. T. Ginsberg, Indiana commissioner for mental health. Previously he had been executive director of the Mississippi Association for Mental Health, and at one time was director of the division of mental health of the Indiana State Board of Health. He is a graduate of Butler University and served as a major during World War II.

Mr. Palmer resigned his position with the Indianapolis Medical Society to become field secretary of the James Whitcomb Riley Memorial Association. He is a graduate of DePauw University and served for a number of years on the Associated Press staff in Chicago and on several Indiana newspapers.

**Kenneth W. Bush**, Indianapolis, resigned as field secretary of the Indiana State Medical Association September 1 to become associated with the Indiana Heart Foundation in a public relations capacity. He was formerly on the field staff of the Indiana Tuberculosis Association.

**Dr. Donald T. Olson**, a specialist in internal medicine, recently opened his office for private practice at 1030 Lincolnway West, South Bend. He is a native of that city. Dr. Olson served in the U. S. Navy before entering medical school. He received his degree in medicine from Albany Medical College, New York, in 1950, interned at Memorial Hospital, South Bend, in 1951-52, served two years in the U. S. Air Force, and two years of residency in internal medicine at Veterans Hospital, Long Beach, California. Dr. Olson completed his residency at the University of Minnesota Hospitals, Minneapolis.

**Dr. Robert S. Forbes** has opened offices in Comer Sanitarium, Mooresville, for the general practice of medicine in association with Drs. K. E. Comer and W. M. Kendrick. He is a 1953 graduate of Stritch School of Medicine, Chicago. Dr. and Mrs. Forbes and their daughter have purchased a new home in the Tanglewood community.

After completing a year's advanced study in children's eye problems at Columbia Presbyterian Medical Center, New York, **Dr. Edwrad U. Murphy** has resumed practice in Evansville in new offices at 901 Hulman Building. He will confine his practice to treatment and eye surgery for children up to 18 years of age.

**Dr. Julian S. Lane**, who has been assistant surgeon at Kaiser Hospital, Los Angeles, has established an office in Batesville where he will practice general medicine and surgery. He became interested in that community during a visit there several months ago. Dr. Lane is a native of New York City, a graduate of New York University College of Medicine, and served his internship at Fordham Hospital, New York. He has done graduate work in surgery at the University of Pennsylvania and was senior surgical resident at Kansas City General Hospital. Dr. Lane was in private practice for a time in St. Mary's County, Maryland. He is a member of the American College of Surgeons. Dr. and Mrs. Lane and their two children have moved to Batesville for residence.

**GIVE GENEROUSLY**

**TO A.M.E.F.**



**Dr. Forrest R. Buell**, who recently returned from England where he had served with the U. S. Air Force for two years, is now in a general practice residency at Denver General Hospital, Denver, Colorado.

He writes: "I have enjoyed the news and articles in *The JOURNAL* during my stay in England and will look forward to receiving it while I am at Denver."

Dr. Buell was graduated from Indiana University School of Medicine in 1954, interned at Indianapolis General Hospital and then entered service in 1955. His home is in Bowling Green.

**Dr. Jerome C. Schubert** has opened an office in association with Dr. A. M. Fichman, 323 West Berry Street, Fort Wayne. He will practice general medicine and surgery. Dr. Schubert attended school in Fort Wayne, was graduated from Indiana University School of Medicine in 1954 and served his internship at Michael Reese Hospital, Chicago. He recently returned from service in the Navy after serving as a lieutenant at Camp Pendleton, California.

**Dr. Robert S. Kincaid**, who recently completed a residency in anesthesiology at the Lahey Clinic, Boston, has opened an office in Evansville for the private practice of anesthesiology. He is also on the staff of Deaconess Hospital. Dr. Kincaid, a native of Richland, is a 1954 graduate of I. U. School of Medicine and served his internship at Seaside Memorial Hospital, Long Beach, California.

**Have You Written A Check**

**For A.M.E.F. in 1957?**

## come to *The Dearborn Inn* for an Autumn Holiday

Fall is a most delightful time of the year at country-quiet Dearborn Inn. Come soon for a pleasant few days or weekend.

You'll like the Inn's colonial charm in a 28-acre estate-like setting—its modern appointments, including TV and air condition-

ing throughout—its traditional hospitality—the newly enlarged cocktail lounge—the fine food graciously served in either the Early American Dining Room or the English Coffee Shop.

And cool, autumn days are ideal for a visit to nearby . . .

### **HENRY FORD MUSEUM and GREENFIELD VILLAGE**

where you can see a broad profile of American history from earliest times to modern day.

Also only a short drive away is the Ford Rotunda, famous for its

architecture, fascinating exhibits and miniature test track over which you can ride.

For further details, write or call The Dearborn Inn.



135 guest rooms in the Inn and Colonial Guest Houses from \$8 single; \$13 double. Reservations advisable.



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A natural  
**biochemical treatment**  
 for your problem  
 of PRURITUS ANI -  
**HYDROLAMINS®**

TOPICAL AMINO ACID THERAPY

*Immediate and prolonged relief . . . Inherent safety*



*98% Effective<sup>1</sup> and Why—*

Recent observations on the pruritogenic effects of proteolytic enzymes<sup>2</sup> have focused new interest on the value of proteins and amino acids in pruritus ani.

Using selected amino acids—Hydrolamins—Bodkin and Ferguson<sup>1</sup> obtained relief in 98% of pruritus ani cases. McGivney<sup>3</sup> states that practically all his patients have had immediate relief.

Hydrolamins offers a *protective* stainless biochemical barrier to irritating enzymes and also *neutralizes* alkaline irritants seeping from the anal canal.

*100% Safe and Why—*

Being biochemical in character and having a pH of around 6, Hydrolamins harmonizes with the skin, does not—unlike the "caines" and steroids—tend to cause treatment dermatitis or sensitization—in a word is SAFE.

Hydrolamins is, therefore, indicated in the topical treatment of—

*Pruritus Ani et Vulvae • Fissures • Diaper Rash • Anal Irritations and Erythemas • Pinworm Pruritus • Ileostomy and Colostomy Irritations*

**SUPPLIED:** 1 oz. and 2.5 oz. tubes.



**Lewal Pharmaceutical Company**

• Chicago 14, Illinois

1. Bodkin, L. G., and Ferguson, E. A., Jr.: Am. J. Digest. Dis. 18:59 (Feb.) 1951. 2. Arthur, R. P., and Shelley, W. B.: J. Invest. Derm. 25:341 (Nov.) 1955. 3. McGivney, J.: Texas J. Med. 47:770 (Nov.) 1951.



# Society Reports

## INDIANA STATE MEDICAL ASSOCIATION

### EXECUTIVE COMMITTEE

September 4, 1957

Roll call showed the following present: James W. Denny, M.D., chairman; E. H. Clauser, M.D.; Elton R. Clark, M.D.; M. C. Topping, M.D.; Guy A. Owsley, M.D.; O. W. Sicks, M.D.

Albert Stump and Robert Hollowell, attorneys; Wayne Worick and Robert J. Amick, field secretaries, and James A. Waggener, executive secretary.

Guests: F. B. Mountain, M.D., and W. J. Aagesen, M.D., Surplus Funds Committee  
Paul D. Crimm, M. D., and Hugh A. Kuhn, M.D., Building Committee  
Andrew C. Offutt, M.D., State Health Commissioner

### Membership Report:

Number of members, September 4, 1957----4,105\*  
Number of members, September 4, 1956----4,015  
Gain over last year ----- 90  
Number of members December 31, 1956----4,049

\*Includes 91 in military service (gratis)  
152—\$10 members (residents and interns)  
291—senior members  
70—members, dues remitted by Council  
1—honorary member

### Number who have paid AMA dues:

July, 1957 -----3,942\*\*  
July, 1956 -----3,819  
Gain ----- 123

\*\*Includes 651 exempt members (gratis)  
410 prior to 1/1/57  
241 so far this year

### Treasurer's Office

The treasurer reported on the financial condition of the Association. He called attention of the committee to the fact that the financial transactions of the Association were becoming very voluminous, with seven checking accounts and several sets of books to be kept. Upon motion of Drs. Sicks and Topping, the secretary was authorized to employ at his discretion a full-time bookkeeper for the Association and The JOURNAL.

Statements of receipts and expenditures for the Association for April through August, 1957, and

for July and August, 1957, for The JOURNAL were approved.

### Headquarters Office

The secretary introduced Mr. Wayne Worick, the new field secretary, and reported on the resignation of Mr. Kenneth Bush, who had become affiliated with the Indiana Heart Foundation.

*Medicare.* The secretary reported on the operation of the Medicare Plan.

### Legislative Matters

*National.* The secretary reported on the activities regarding the Jenkins-Keogh bill.

### Organization Matters

Request for the Association to supply a speaker for the Region V Conference of the National Rehabilitation Association in Indianapolis in May of 1958 was presented to the committee. Upon motion of Drs. Sicks and Clarke, no funds are to be expended for this purpose. The American Medical Association is to be requested to supply a speaker for this program.

The secretary presented the minutes of the Third Annual Meeting of the Board of Directors of the North Central District Blood Bank Clearing House. Contents were noted and ordered filed.

The request of the Indiana State Association of Medical Assistants for \$256.69 to defray the expenses of their state secretary to their national convention in San Francisco was turned down on motion of Drs. Sicks and Owsley.

The bylaws of the Joint Committee for the Improvement of Patient Care in Indiana, together with a letter from Dr. J. L. Eisaman, chairman of the Commission on Improved Patient Care of the Indiana State Medical Association, were referred to the Executive Committee for approval. The Executive Committee recommended that the Joint Committee be informed that the Association is greatly interested in this project and that further study of the bylaws would be necessary before approval or disapproval.

The secretary reported on the plans of the Committee on Public Relations for the first conference with coaches and athletic directors in schools in the State of Indiana on "Athletic Injuries, Their Prevention and Treatment," to be held on October 24.

### New Business

Upon motion of Drs. Owsley and Clarke the report of the Special Committee on the Investment

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response—avoids interruption of

therapy  due to g.i. irritation

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tablets t.i.d.; Children, 1 tablet t.i.d.

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to 4 teaspoonfuls t.i.d.; Children, 2 tea-  
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fants and children up to 6 years is 0.5 cc.

Supplied: Tablets: Bottles of 100 and 1000;  
Syrup: Pints and gallons; Drops: 30-cc.  
dropper bottles.

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Decatur, Illinois

\*U. S. Pat. 2,575,611



of Surplus Funds was approved, and it is to be recommended to the Council.

Upon motion of Drs. Clarke and Owsley, the report of the Building Committee was accepted and the Executive Committee voted to urge the Council and the Council in turn to urge the House of Delegates to take action on this report at the October meeting.

Statement from R. W. Lefler in the amount of \$304.01 for miscellaneous expenses incurred in connection with the Science Fair was presented. On motion of Drs. Owsley and Topping it was moved to pay this statement if approved by Dr. Mericle.

The President reported on the meeting of the Industrial Health Committee on August 25 at which time the Industrial Health Committee felt that permission should be granted for industry to immunize their employees under the direction of their medical director. While no definite action was taken on this matter, the Committee called attention to the action of the last House of Delegates which in effect stated that all and every mass vaccination be done only when instituted, approved, and directed by a county medical society.

The Journal

Report on advertising:

	1957	1956	GAIN
1st 6 months	\$25,901.23	19,926.13	5,975.10
July	4,952.83	4,920.27	32.56
August	3,577.90	3,576.07	1.83
September	4,974.52	3,777.84	1,196.68

9 months	\$39,406.48	32,200.31	7,206.17
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Future Meetings

Approval was given to the secretary to attend the Kentucky and Michigan State Medical meetings, if possible, and on motion of Drs. Clauser and Topping, Dr. H. T. Goodman, as chairman of the Reference Committee on Insurance, is to be requested to attend the special meeting of the House of Delegates in Michigan on September 23 as a representative of the Association.

Invitation to the National Conference on Physicians and Schools at Highland Park, Illinois, on October 30 to November 2, 1957, was read and by consent it was agreed that Mr. Worick and the chairman of the appropriate committee at the time be authorized to attend this meeting.

The invitation for the Association to be represented at the Fourth Annual Conference of Mental Health Representatives of State Medical Associations, to be held in Chicago November 22 and 23, 1957, was read. It was agreed that one member of the Association, to be selected by Dr. Topping, should be asked to attend.

President's Address

By consent it was agreed that Dr. Topping and

Dr. Clauser constitute a committee of two to approve the talk of President Clarke.

State Board of Health Matters

Dr. Offutt, State Health Commissioner, appeared before the Committee and reported that the growing demand on the laboratory of the State Board of Health for serology examinations had increased in spite of instituting a charge for this service. His Board, he stated, had approved that the services of the State Board of Health laboratory for this purpose be limited to state institutions and to bona fide indigent cases. The ruling of the State Board was concurred in by the State Medical Association by consent action.

Dr. Offutt stated that he felt it would be wise for his department to have the services of an advisory committee regarding the Asiatic flu program. Upon motion of Drs. Clauser and Owsley it was agreed that Dr. J. W. Denny, in consultation with the president and Dr. Offutt, be authorized to name physicians to constitute this advisory committee. Suggestions were made that the committee might include Drs. William Vance of Richmond, Wilson Dalton of Shelbyville, DeWain Walcher of I. U. Medical Center, Allan Harcourt, Ralph Everly and Louis Spolyar, of Indianapolis.

There being no further business, the committee adjourned to meet again at 12 noon, Sunday, October 6, 1957, at French Lick, Indiana.

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Half-Price Rates

4 years	\$ 4.00
3 years	3.25
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**NEW** **'ANTEPAR' WAFERS** - Piperazine Phosphate, 500 mg.

*Literature available on request*



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**NO MEMORY...**  
**NO NIGHTMARE**  
**OF FEAR**  
*IN PEDIATRIC ANESTHESIA*

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# District Meeting Reports

## FIRST COUNCILOR DISTRICT

Forty-eight members of the First District Medical Society attended the annual meeting September 12 in Hoosier Heights Country Club at Tell City. The Perry County Medical Society served as host.

The district is composed of societies from Gibson, Perry, Spencer, Posey, Pike, Vanderburgh and Warrick counties.

A number of physicians played golf during the afternoon. A social hour at 5 o'clock was followed by dinner at 6:30.

Officers were elected for the year. Dr. William C. Fisher, Evansville, is the new president; Dr. W. Lawrence Daves, Evansville, vice president; and Dr. Noel L. Neifert, Tell City, secretary-treasurer.

The after-dinner speaker was M. D. Guenther, Evansville representative of an investment firm, who discussed "Investment Programs for Physicians." James A. Waggener, executive secretary of the Indiana

State Medical Association, spoke on organizational matters, discussing some of the changes proposed in annual reports, resolutions and amendments on which action was to be taken at the annual ISMA convention.

Dr. Fred Smith, Jr., president of Perry County Medical Society, and Dr. L. C. Lohoff, secretary, were co-chairmen of arrangements for the district meeting.

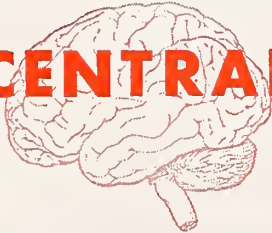
## ELEVENTH COUNCIL DISTRICT

The One-Hundredth Semi-Annual Meeting of the Eleventh Indiana Council District Medical Association was held at Emley's Restaurant near Marion on September 18.

Registrations for the afternoon business meeting and scientific program numbered 49. Sixty persons attended the smorgasbord dinner.

Dr. Earl W. Bailey, Logansport, district president, opened the business meeting at

*Continued*



Both **CENTRAL** and **PERIPHERAL**



control of cough

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ANTITUSSIVE • DECONGESTANT • ANTIHISTAMINIC

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Each teaspoonful (4cc.) contains:

Neo-Synephrine <sup>®</sup> hydrochloride	5.0 mg.
Thenfadil <sup>®</sup> hydrochloride	4.0 mg.
Dihydrocodeinone bitartrate	1.33 mg.
Potassium guaiacol sulfonate	70.0 mg.
Ammonium chloride	70.0 mg.
Menthol	1.0 mg.
Chloroform	0.02 cc.
Alcohol	8%

Bottles of 16 fl. oz.

EXEMPT NARCOTIC



## District Meeting Reports (continued)

1:30 p.m. Reports of officers were given, Miami county was selected as the site for the spring meeting, and the following officers were elected for 1957-58: President, Dr. Robert M. Brown, Marion; secretary-treasurer, Dr. Charles L. Wise, Camden (re-elected); and councilor, Dr. Max R. Adams, Flora (reelected.)

A panel of Indiana University Medical Center physicians presented the scientific program. Dr. Glenn W. Irwin, associate professor of medicine, discussed "Clinical Experiences with Radioactive Iodine"; Dr. J. Stanley Battersby, associate professor of surgery, spoke on "Esophageal Lesions"; and Dr. Sprague H. Gardiner, associate professor of obstetrics and gynecology, talked on "Controversial Procedures".

A cocktail hour preceded the dinner.

Dr. Charles W. Shilling, deputy director of the Division of Medical and Biological Sciences of the Atomic Energy Commission, was the evening speaker. His topic was "Everybody's Business, or the Fallout Problem".

The District Woman's Auxiliary met during the afternoon at the Hostess House in Marion where they enjoyed a piano concert by Dorothy Merrell Ritter, Indianapolis, followed by tea. They joined the Association for cocktails and dinner. Mrs. Wendell C. Stover, Boonville, president of the State Auxiliary, and Mrs. Earl W. Bailey, Logansport, president-elect, were special guests.

Dr. Guy A. Owsley, Hartford City, chairman of the ISMA Council, and James A. Waggener, ISMA executive secretary, were also special guests at the district meeting.

---

## News from the County Societies

**Boone County Medical Society** members heard Dr. Harry C. Harvey, Fort Wayne, discuss the Regional Red Cross Blood Bank program at their September 3 meeting in Witham Memorial Hospital, Lebanon.

Eleven members attended the 7:30 p.m. meeting in the hospital.

---

General business was discussed at the dinner meeting of the **Delaware-Blackford County Medical Society** held September 17 in the Delaware Hotel, Muncie. No scientific program was planned.

The next meeting of the society will also be held in the Delaware Hotel on October 15.

**Fountain-Warren County Medical Society** met in the Attica Hotel for dinner and a business meeting September 5 with 7 members present. The group was scheduled to meet again October 3 in the Attica Hotel.

---

During a business meeting of the **Johnson County Medical Society** on September 11, the 15 members present heard a report from Robert Amick, ISMA field secretary, on the annual meeting of ISMA, legislation to come before the next session of Congress, and the influenza vaccine program. They then discussed the flu situation, the Seventh District Medical Society meeting, the omission of the October meeting, and plans for future meetings of the county society.

*Continued*



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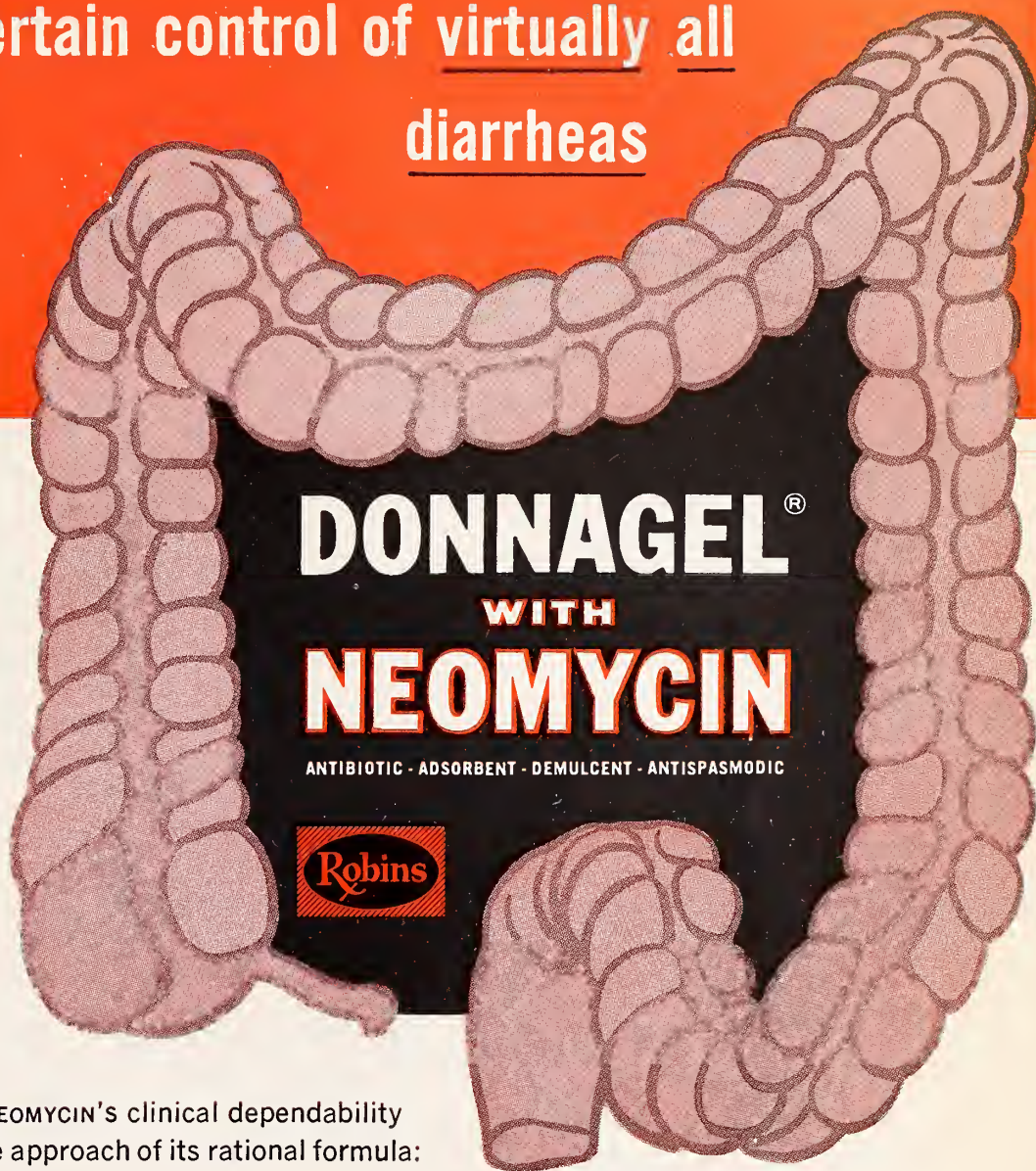
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# ANNOUNCING: a NEW antidiarrheal for more certain control of virtually all diarrheas



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Addition of neomycin to the effective DONNAGEL formula assures even more certain control of most of the common forms of diarrhea.

Neomycin is an ideal antibiotic for enteric use: it is effectively bacteriostatic against neomycin-susceptible pathogens; and it is relatively non-absorbable.

The secret of DONNAGEL WITH NEOMYCIN's clinical dependability lies in the comprehensive approach of its rational formula:

COMPONENT in each 30 cc. (1 fl. oz.)	ACTION	BENEFIT
Neomycin base, 210.0 mg. (as neomycin sulfate, 300 mg.)	antibiotic	Affords effective intestinal bacteriostasis.
Kaolin (6.0 Gm.)	adsorbent, demulcent	Binds toxic and irritating substances. Provides protective coating for irritated intestinal mucosa.
Pectin (142.8 mg.)	protective, demulcent	Supplements action of kaolin as an intestinal detoxifying and demulcent agent.
Dihydroxyaluminum aminoacetate (0.25 Gm.)	antacid, demulcent	Enhances demulcent and detoxifying action of the kaolin-pectin suspension.
Natural belladonna alkaloids: hyoscyamine sulfate (0.1037 mg.) atropine sulfate (0.0194 mg.) hyoscine hydrobromide (0.0065 mg.)	anti- spasmodic	Relieves intestinal hypermotility and hypertonicity.
Phenobarbital (1/4 gr.)	sedative	Diminishes nervousness, stress and apprehension.

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literature  
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upon request.

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**DOSAGE:** Adults: 1 to 2 tablespoonfuls (15 to 30 cc.) every 4 hours. Children over 1 year: 1 to 2 teaspoonfuls every 4 hours. Children under 1 year: 1/2 to 1 teaspoonful every 4 hours.

**ALSO AVAILABLE:** DONNAGEL, the original formula, for use when an antibiotic is not indicated.



## County Society Reports (continued)

The business session was held in the Johnson County Hospital, Franklin.

---

James A. Waggener, executive secretary of the Indiana State Medical Association, discussed "What's Doing?" at the September 17 meeting of the **LaPorte County Medical Society**. The dinner meeting was held in the Kingsbury Ordnance Plant with 31 members attending.

During a business session, the society voted to favor the proposed \$10 increase in state dues to aid the medical education program. After lengthy discussion, they also outlined a priority list for administering Asian flu vaccine.

The October 15 meeting of the society was scheduled to be held in the Spaulding Hotel, Michigan City.

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"The Medical Witness", a film, was shown to 15 members of the **Lawrence County Medical Society** at a luncheon meeting September 4 in Dunn Memorial Hospital, Bedford. A routine business meeting was held.

---

Dr. J. William Wright, Jr., Indianapolis, was the guest speaker at a meeting, August 5, of **Morgan County Medical Society and Auxiliary** in the summer home of Dr. and Mrs. Leon Gray on Lake Lemon near Bloomington. He spoke on "Deafness and Stapes Mobilization", illustrating his talk with slides.

---

**Starke County Medical Society** met August 6 for dinner in Starke Memorial Hospital, Knox. A general discussion of business matters, including Blue Shield, report of the grievance committee, and welfare problems followed. Seven members were present.

"The Present Status of the Influenza Problem and Recent Experience with the Asiatic Strain" was the subject of a talk presented to 112 members of **Vanderburgh County Medical Society** at their September 10 meeting in the Pompeian Room of the Hotel McCurdy, Evansville. The speaker was Dr. G. O. Broun, director of the Department of Internal Medicine, St. Louis University, who has made a continuous study of influenza in the St. Louis area since 1943. His virus laboratory is one of the cooperating laboratories in the World Health Organization Influenza Control program.

The report of the special committee on public health which was appointed to draft policy and make recommendations for preparedness in the event of an outbreak of influenza in the Evansville area was received and approved after a few minor changes were made. Briefly, the committee concurred in the advisability of administering Asian influenza vaccine; made no recommendation as to type of vaccine, leaving that to the discretion of individual physicians; opposed any fixed priority, except to urge those performing vital services and those who care for the sick to be vaccinated; recommended that hospital staffs set up committees to draft admission policies in case of an epidemic; and stated that until adequate supplies are available, mass immunizations should not be planned but individuals should go to their family physicians for vaccination. The committee felt this was a more equitable way of distributing supplies of the vaccine.

The October meeting of the society was to be held at Boehne Hospital with Dr. Paul Crimm and the board of managers as hosts. Delegates to the I.S.M.A. were to be instructed and a report of the nominating committee made.

---

Sixteen members of the **Wabash County Medical Society** met September 4 in the Wabash Country Club for a dinner meeting. A general discussion of "The Blue Shield Plan" was presented by L. E. Converse, Indianapolis.



# Books: Reviewed

**THE CARE OF THE EXPECTANT MOTHER.** Josephine Barnes, D.M., F.R.C.S. (Eng.), assistant obstetrician and gynecologist, Charing Cross Hospital and Elizabeth Garrett Anderson Hospital, surgeon, Marie Curie Hospital, 270 pp., illustrated. Price \$7.50. Philosophical Library, Inc., 15 E. 40th St., New York 16, N. Y. 1957.

It is undeniable that English physicians write better than we Americans. This small book is evidence of that fact. The author did not intend the book to be a textbook or to be useful to the obstetrician for reference. It has been written primarily for English general practitioners, midwives and students. It covers the whole area of prenatal care, complications and the conduct of labor. No operative procedures are described. The original and X-ray pictures are very clear and instructive. The section on the Rh. factor and erythroblastosis covers the subject clearly and concisely; that is not easy.

A few ideas of the author do not coincide with those of American obstetricians. For instance: persistent attempts to determine disproportion by pushing the head into the pelvis before labor starts; and giving  $\frac{1}{4}$  gr. of morphine in threatened abortion. But in general the recommended management of the normal and complicated obstetrical case corresponds to ours.

The drugs recommended in treatments are British preparations, but in the main the content of the various medications is recognizable.

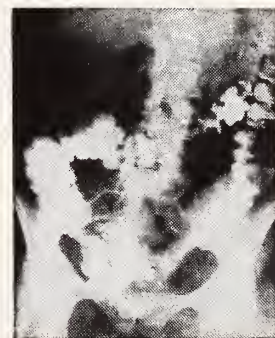
This work is so sound and readable, and encompasses so much of the subject that it should be useful to anyone engaged in the care of pregnant women. It should be especially useful for students and nurses. Nurses would probably get more from this book than from the average nurses' text.

DAVID A. BICKEL, M.D., South Bend.

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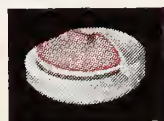
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Compressed  
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2.5 mg. or 5.0 mg.  
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prednisolone, plus  
300 mg. of dried  
aluminum  
hydroxide  
gel and 50 mg.  
of magnesium  
trisilicate.

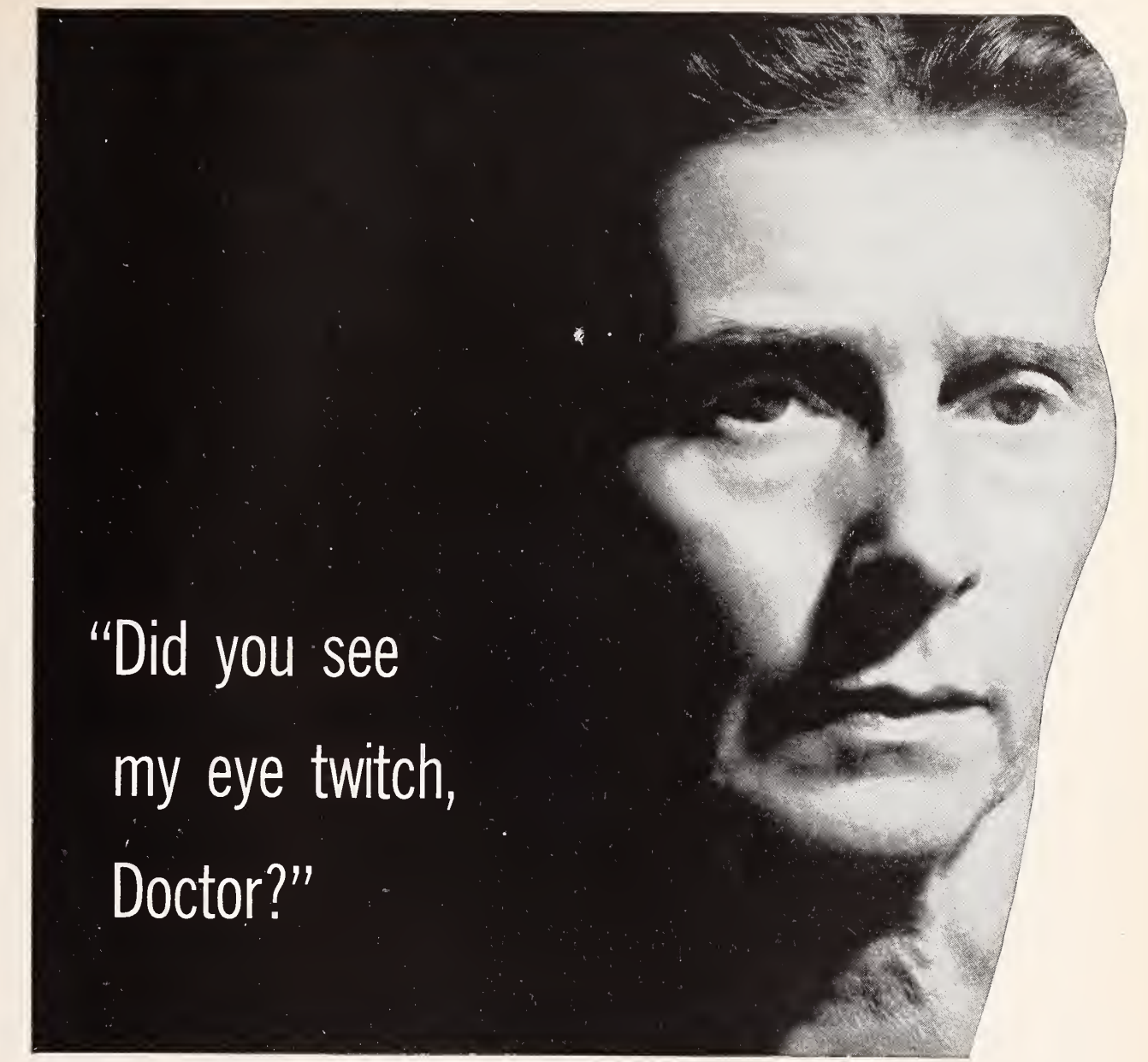
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(Prednisolone buffered)



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“Did you see  
my eye twitch,  
Doctor?”

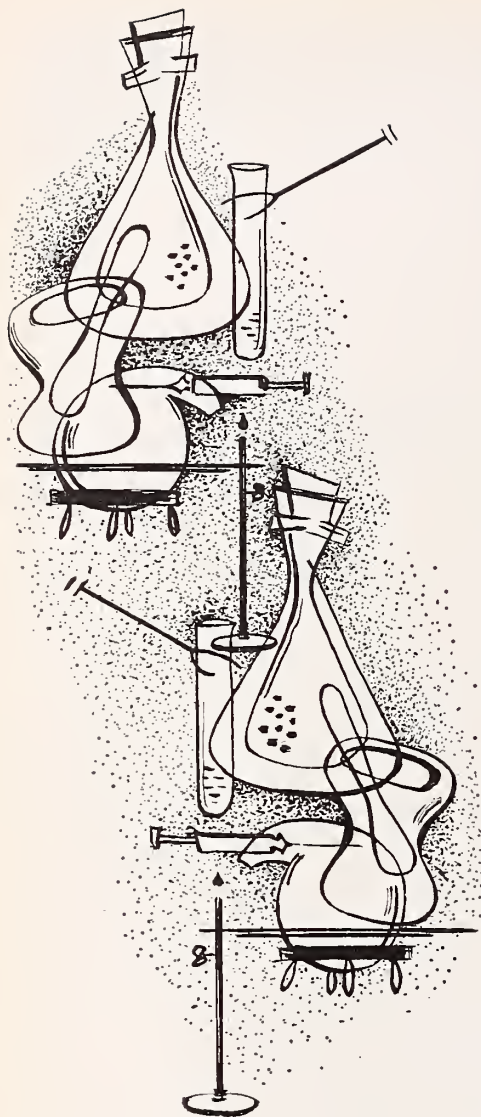
She's nervous—and depressed at the same time: “I just can't get interested in anything.”

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"All right, Mrs. Potts, all right; so it's not obesity, it's gracious living."

Nurse at phone (aside to doctor): "She wants to know if you give green stamps."

Tranquilizers have serious effects sometimes: one fellow didn't worry about a thing any more—not even the doctor's bill.

If you don't like the diagnosis of your ailments in one magazine you can always change your subscription.

The patient was getting better. He asked repeatedly for food. Then, finally the nurse fed him a spoonful of rice. "That was wonderful!" he said as he finished. "Now bring me a postage stamp. I want to read."

When a school examination paper wanted an account of the creation of man, one little girl answered: "First God created Adam. He looked at him and said, 'I think if I tried again I could do better.' Then He created Eve."

Mark Twain was a struggling newspaperman for years before his humor "took" and he won fame and fortune. One day in San Francisco he was loitering on the street with a cigar box under his arm. A woman who had seen him at a newspaper office came up to him and said:

"Mr. Clemens, my young man, you are smoking too much. Here you are with a cigar box under your arm—you surely must be smoking too much."

"It isn't that," said Mark Twain. "I'm moving again."

Woman to immigration officer: "No, I'm not natural born, I'm a Cesarean."

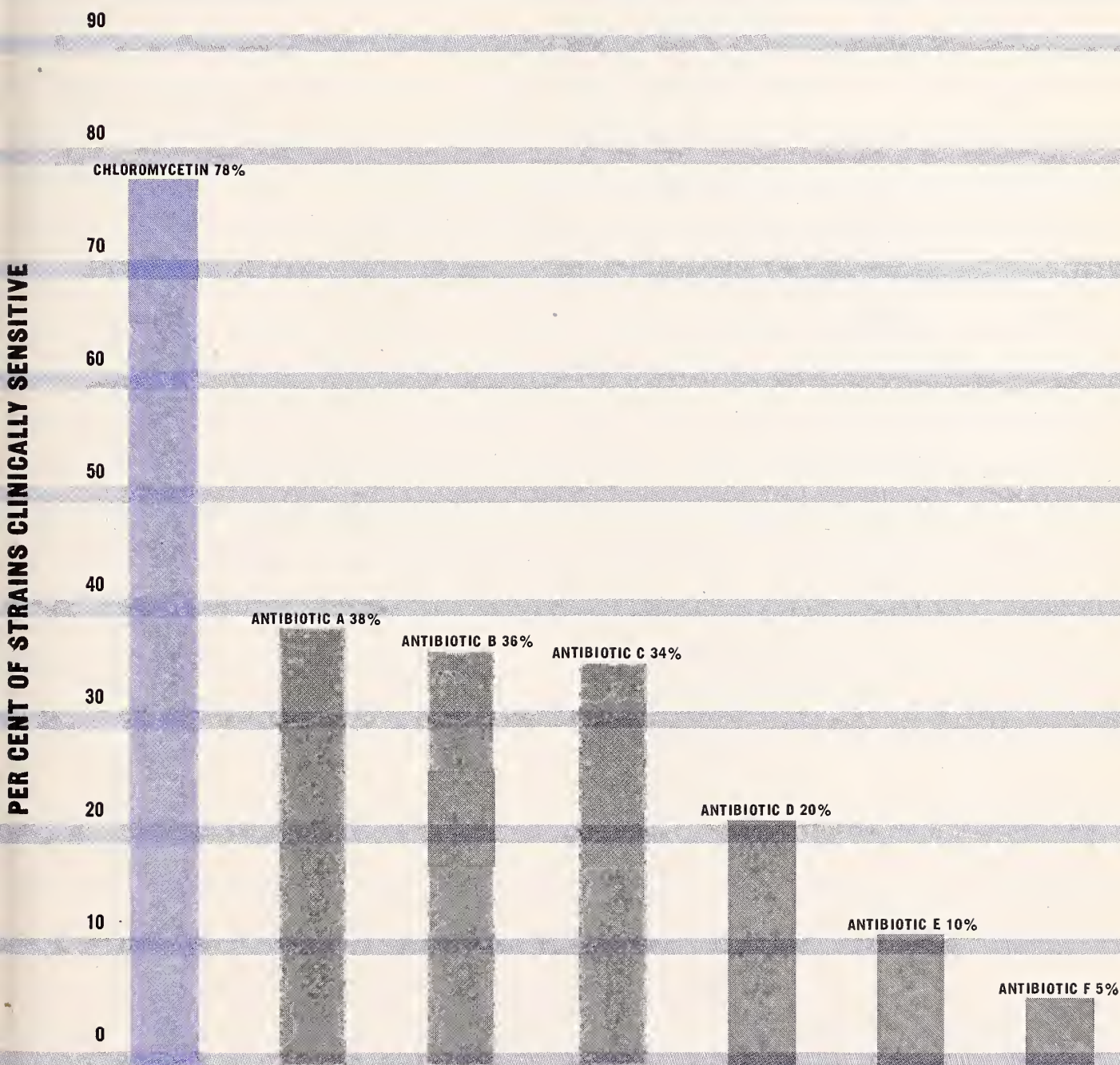
Violet: "Is the congregation small?"

Rose: "Small? It's so small that when the minister says 'Dearly beloved' it makes me blush."

A station wagon is something city folks buy when they move to the country so the country folks will know they are from the city.



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\*This graph is adapted from Waisbren and Strelitzer.<sup>15</sup> It represents *in vitro* data obtained with clinical material isolated between the years 1951 and 1956. Inhibitory concentrations, ranging from 3 to 25 mcg. per ml., were selected on the basis of usual clinical sensitivity.

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All articles must be typewritten, double-spaced with margins of one inch.

Photographs should be printed on glossy paper. Negatives cannot be used.

Only a limited number of illustrations can be used with original articles. The cost of extra illustrations must be borne by the author.

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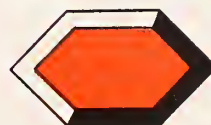
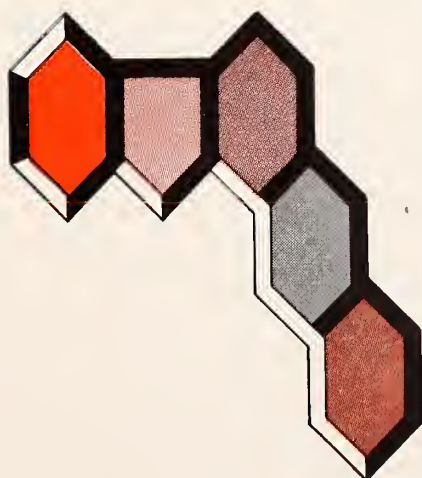
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**References:** 1. Communication to Abbott Laboratories, 1956. 2. Moyer, J. H. et al: Deserpidine for the Treatment of Hypertension, Southern Medical J., 50:499, April, 1957.

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This summary of what is happening in Washington is prepared by A.M.A.'s capital office and airmailed to THE JOURNAL on the ninth of each month.

## THE MONTH IN WASHINGTON

Washington, D. C.—Several months in advance of the return of the 85th Congress for its election-year second session, influential figures in the field of health in both the executive branch and in Congress were being heard on what 1958 has in store for the medical profession.

Because of the roles they play in the Capital, their views are worth more than passing notice. One is the chairman of the important health appropriations subcommittee of the House, Rep. John Fogarty (D., R. I.). He used as a forum for his prophecies the annual convention of the American Hospital Association.

Other prognostications came from Dr. Aims C. McGuinness, special assistant for health and medical affairs to Secretary Folsom of the Department of Health, Education and Welfare. Dr. McGuinness spoke out at a dedication ceremony of a new chronic disease and rehabilitation facility in Maine.

Mr. Fogarty places at the top of his predictions some action on federal construction aid to medical schools. The Rhode Island Democrat has his own bill on the subject, although there are others pending. Comments Mr. Fogarty: “. . . the shortage of health education facilities today is probably the most serious bottleneck in our whole medical system. . . . These schools . . . fall far short of accommodating the fully qualified and competent young men and women in America who are anxious to train and qualify in medical, dental and public health fields.”

The record of the past several years has shown that no member of the House is listened to more carefully when it comes to health than Mr. Fogarty. His philosophy in the health field is worth noting: “It is now generally accepted that the health of our people is a major national resource and that the government, therefore, has

a direct responsibility for the health of everyone.”

Dr. McGuinness also spoke out strongly for federal aid to medical schools. Failure to meet the needs of the schools, he told his audience, would be “the worst kind of economy.” He feels that the administration proposal for \$225 million in construction grants would bring classrooms and research laboratories “much closer to current and projected needs.”

While neither man had any specific legislative proposals to make in the field, both foresee a growing role for hospitals in the practice of medicine. Dr. McGuinness put it this way: “General hospitals must broaden their services and achieve greater coordination. The term ‘hospital care’ should include not only bed care but diagnostic service as well as service to ambulatory patients.”

Mr. Fogarty, looking ahead 25 years, said it was safe to predict that virtually every general hospital in the Nation will be providing at least as much preventive service as curative service. “You are, in fact, moving closer each moment to the day when hospitals will be the focal point of health services for all of us, throughout our entire lives.”

The same day that Mr. Fogarty was urging the hospitals to use the basic Hill-Burton hospital construction program to meet future health needs, the AHA House of Delegates approved a set of legislative proposals to present to the next session.

They would accomplish the following: (1) extend the act for five years beyond June, 1959, (2) authorize matching Hill-Burton funds for renovation and repairs of hospital plants, (3) set up loan authority so that hospitals not desiring grant money could borrow construction and renovation funds at very low interest rates

*Continued*



(from 1½ to 2%). The house also urged a grants program to hospitals with nursing schools and to other nurse institutions for professional education, exclusive of construction grants.

NOTES

One committee of Congress knows months in advance just exactly what it plans to do the day Congress reconvenes. The tax-writing House Ways and Means Committee has set hearings starting January 7 on possible tax reductions next year.

Included on the agenda will be testimony from various organizations on the Jenkins-Keogh bills for allowing tax deferments for money paid into retirement plans. The American Thrift Assembly, which is backed by the American Medical Association and other professional and business groups, plans to be heard at some time during the 30 days of hearings.


Veterans Administrator Harvey Higley believes that the public is losing interest in the veteran and his problems, and that some doctors no longer hesitate to attack medical care for

veterans, particularly those with non-service-connected disabilities. Mr. Higley spoke at the annual American Legion convention.


Health directors of 21 American republics, holding their annual Pan American Sanitary Organization meeting here this fall, voted a \$3 million budget for the Pan American Sanitary Bureau's 160-odd health projects for next year.

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# Medical Panorama—

A. W. Cavins, M. D.

*Terre Haute*

The author of the editorial which is here-with re-reprinted is often found represented in the bulletin of the Jackson County (Mo.) Medical Society by a sharp, pithy and practical article such as this. The point he makes has been hinted at, suggested and even prophesied before, but not usually in such a dramatic style. (Reading time less than two minutes.)

## EDITORIALLY SPEAKING

A few nights ago your Editor had a nightmare. He dreamed that Blue Cross had gone under and had failed. With no competition, profit-making companies had doubled and tripled their premiums for hospitalization insurance so that only about one-fourth of the public could afford to buy the policies.

There was no longer any trouble about getting a patient into any hospital in town. With half the hospital beds in town standing idle, any patient who could afford to pay his own way, or who had one of the expensive policies that paid a part of the bill, was given the V. I. P. red carpet Rx.

Physicians were going in debt because collections had fallen off so badly that expensive offices and equipment contracted for in the mid '50s could not be paid for. The few people who could afford to go to the hospitals and also pay their physicians were in such a minority that what little they paid could not bridge the gap. Most folks paying their own hospital bills had little or nothing to use to pay their physicians' accounts. No, this wasn't 1930; it was 1960.

The death rate was going up because sick folks could not afford hospitalization and people were writing to Washington. The Bolling-Hennings bill for prepaid federal health insurance to cover all illnesses, hospitalization and medical fees had passed the House and hearings in the Senate indicated that President Eisenhower and his entire administration favored the public's demand for the bill; except for two or three die-hards it was expected to pass the Senate by voice vote. It would immediately be signed by the President, emergency clause and all.

Then, as in all good dreams as well as many movies and T. V. shows, the flashbacks showed why it had all happened. It showed that the physicians had killed their own golden goose, the one they had conceived and brought forth into the world.

The scene was a physician's office. Patients came and went. Diagnoses were made and advice given. Part of

every record carried the question, "Do you have Blue Cross?" It was strange how the answer, "Yes," seemed to affect the physician. Those who had insurance called their own turn. If they wished to go into the hospital for tests, a few days rest or for a prolonged pre-operative stay for minor surgery, the physician acquiesced. He put up no argument or debate. The physician just said, "All right, I'll arrange for it. After all, you have Blue Cross."

The scene shifted to another office. Here the physician was in earnest debate with a patient. The doctor said, "But you don't need to go into a hospital. I can do all those tests right here." The patient said, "Listen, doctor, why should I pay you for these tests when my insurance will pay for them in a hospital? And besides I need a few days rest. If you won't put me in a hospital, I'll find somebody else who will."

Again the scene shifted. It was the next day. This doctor was walking down the hall of his favorite hospital. "Hi, Doc," came a cheery call from a room . . . and sure enough, there was the patient who had found someone else to supervise his rest and to approve the bill to be sent to Blue Cross.

Then the dream became chaos, as dreams do. "Yes, you can." "No you can't." "But sure, you should be able to take advantage of your Blue Cross." "Sure." "Yes." "But you shouldn't." "If you don't someone else will." Faces came rushing, rushing, shouting, grimacing . . . a real Greek tragedy.

And the fade-out . . . a goose flat on its back, eviscerated, and a lonely physician holding an ordinary gizzard.

Some may say that the moral really is that the public did the carving. That is the easy way out. After all, who should tell the public of the harm being done? None other than the physician, of course.

*G. Wilse Robinson, Jr.  
Weekly Bulletin  
Jackson County Medical  
Society, Kansas City, Mo.*

We wish to thank the JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION for calling this to our attention.

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Lewis, H. H.; Frumess, G. M., and Henschel, E. J.: *Rocky Mountain M. J.* 54:806 (Aug.) 1957.

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Shubin, H.: *Antibiotic Med. & Clin. Therapy* 4:174 (March) 1957.

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Report on 1404 Cases Treated with Signemycin: Medical Department,

Pfizer International. Available on request.

In 50 nonselected patients, Signemycin "...appears to be effective in the treatment of most general surgical infections, including virulent staphylococcus aureus infections. In some cases these infections had been clinically resistant to other antibiotics. The drug is apparently well tolerated."

Levi, W. M., and Kredel, F. E.: *J. South Carolina M. A.* 53:178 (May) 1957.

Of 50 patients with various infectious processes, 26 had not responded to previous antibiotic therapy. With Signemycin "Ninety-six per cent of the mixed infections were clinically controlled. . . . and in none of the cases was there any reason to discontinue the drug."

Winton, S. S., and Chesrow, E.: *Antibiotics Annual 1956-1957*, New York, Medical Encyclopedia, Inc., 1957, p. 55.

Signemycin in 79 patients with severe soft tissue infections: "The average response of these cases was excellent and inflammatory symptoms subsided with almost uniform rapidity.... The magnitude and incidence of surgical intervention was reduced.... Side reactions were minimal. . . ."

LaCaille, R. A., and Prigot, A.: *Antibiotics Annual 1956-1957*, New York, Medical Encyclopedia, Inc., 1957, p. 67.

Five groups of patients (total 211) with acne were treated with one of five antibiotic agents, including Signemycin (55 cases). "The results were evaluated taking into consideration the usual response to such conservative conventional therapy and the rapidity of response." In 8 weeks, Signemycin rapidly attained and maintained the highest percentage of efficacy of antibiotic agents tried.

Frank, L., and Stritzler, C.: *Antibiotic Med. & Clin. Therapy* 4:419 (July) 1957.

In the treatment of 78 patients with tropical infections, some complicated by multiple bacterial contamination or present for years, Signemycin was found to be "...an exceptionally effective agent," requiring smaller doses and less extended periods of therapy than with the tetracyclines alone, and "caused no notable toxic reactions."

Loughlin, E. H., and Mullin, W. G.: *Antibiotics Annual 1956-1957*, New York, Medical Encyclopedia, Inc., 1957, p. 63.

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# 4,000 Physicians Expected to Attend A.M.A. Clinical Meeting; 200 on Program

**A**PPROXIMATELY 4,000 American doctors are expected to attend the American Medical Association's 11th clinical meeting December 3-6 in Philadelphia.

The postgraduate education meeting is aimed at helping to solve the daily practice problems of the family physician, according to Dr. Thomas G. Hull, secretary of the A.M.A.'s Council on Scientific Assembly.

Meetings will be held in Convention Hall and at the Bellevue-Stratford Hotel, where the House of Delegates, the A.M.A.'s policy-making body, will hold sessions.

The meeting has been planned in cooperation with Philadelphia physicians. General chairman for the meeting is Dr. Gilson Colby Engel, Philadelphia.

In Convention Hall will be 120 scientific exhibits prepared by physicians and the A.M.A. bureau of exhibits. Among them will be one on medical history, prepared by a group of Philadelphia doctors. There also will be 160 technical exhibits presented by pharmaceutical houses, medical equipment manufacturers, food processors, medical book publishers and other commercial organizations.

Approximately 200 physicians will participate in lecture meetings, symposiums and panel discussions on such subjects as juvenile delinquency, cardiovascular disease, hypertension, diabetes, arthritis, and obstetrical problems.

Approximately 30 motion pictures will be shown in Convention Hall. "M.D. International," a film in the March of Medicine television series,

will be previewed for the physicians at 8:30 p.m. Tuesday, December 3, in the ballroom of the Sheraton Hotel. The film, sponsored by Smith, Kline & French Laboratories, Philadelphia, and the A.M.A., will be carried on the National Broadcasting Company network next spring. It deals with American physicians practicing in remote areas of the world.

## PLAN CABLE CONFERENCE

Another special feature of the meeting will be a trans-Atlantic conference between physicians in Philadelphia and London. The conference on advances in chemotherapy of cancer will be held via telephone at 3 p.m. Wednesday, December 4.

Closed circuit colored television again will be shown to doctors attending the meeting. Programs originating in Philadelphia's Lankenau Hospital will be brought directly to the meeting hall.

The General Practitioner of the Year will be named during the meeting. Dr. Edward M. Gans of Harlowton, Montana, was the last recipient of the award, given annually to an outstanding American doctor for his medical and civic contributions to his community.

An entertainment sidelight of the meeting will be a special concert for registrants by the Westminster Choir of Princeton University, Princeton, N. J., in the ballroom of the Sheraton Hotel at 8:15 p.m. Thursday. It will be sponsored by Winthrop Laboratories, Inc., New York pharmaceutical house.

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# Committee on Toxicology of A.M.A. Prepares Poisoning First Aid Rules

**S**PEED IN STARTING first aid measures is essential after accidental poisoning, according to the American Medical Association's Committee on Toxicology.

First aid measures are aimed at helping to prevent absorption of the poison and must be started at once, the committee said in a new pamphlet issued as a guide for the public in the treatment of accidental poisoning. The pamphlet's instructions are reprinted in the current (Oct. 12) A.M.A. Journal.

When poisoning occurs, one person should begin treatment while another calls a physician. When only one person is available to give treatment, he should call a physician first if the poison is a corrosive or a petroleum product. A corrosive may be an acid substance such as a toilet bowl cleaner or an alkali such as household bleach.

When a non-corrosive poison is swallowed, vomiting should be induced and then a physician called. Vomiting can be started by giving the patient milk, plain water, or warm salt water, or by placing the blunt end of a spoon or the finger at the back of the patient's throat.

Vomiting should not be induced if the patient is unconscious, in a coma, or in convulsions; has swallowed petroleum products, such as kerosene, gasoline, or lighter fluid, or has swallowed a corrosive, such as a rust remover, styptic pencil, lye, washing soda, or ammonia water.

Symptoms of corrosive poisoning are severe

pain, burning sensation in mouth and throat, and vomiting.

When retching and vomiting begin, the patient should be placed face down with the head lower than the hips. This prevents the vomitus from entering the lungs and causing further damage.

In the case of inhaled poisons, the patient should be carried to fresh air immediately, his clothing loosened, and artificial respiration begun if breathing has stopped or is irregular. The patient should be kept warm and as quiet as possible.

## THE USE OF WATER

With skin contamination, the skin should be drenched with water. A stream of water should be held on the patient while removing his clothes. Rapidity in washing is most important in reducing the extent of injury. When the eyes are contaminated, they should be washed immediately with a gentle stream of running water. Chemicals should not be used, since they may increase the extent of injury.

Chemical burns also should be washed with large quantities of running water, except those caused by phosphorus. Ointments, greases, powders, and other drugs normally used for burns should be avoided.

Alcohol should not be given in any kind of poisoning.

The first-aid instructions may be obtained by writing to the A.M.A. Committee on Toxicology, 535 N. Dearborn Street, Chicago 10, Ill.

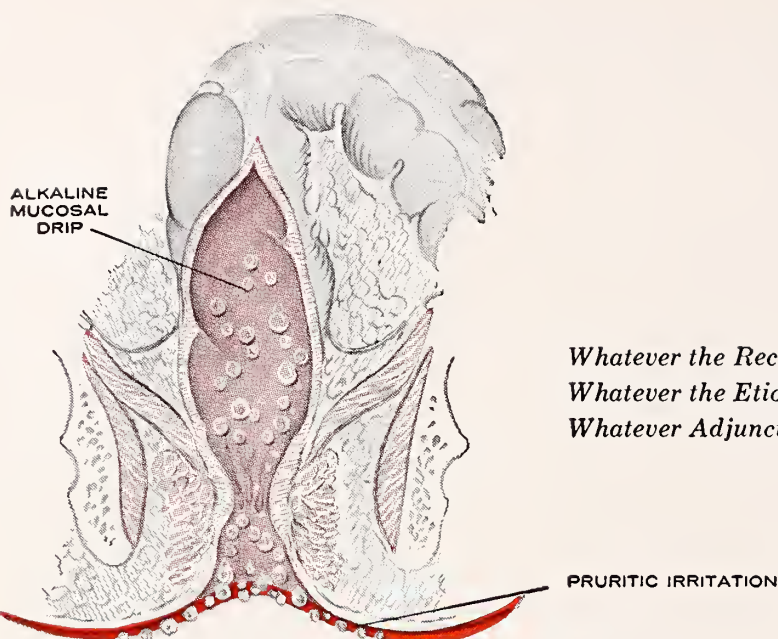


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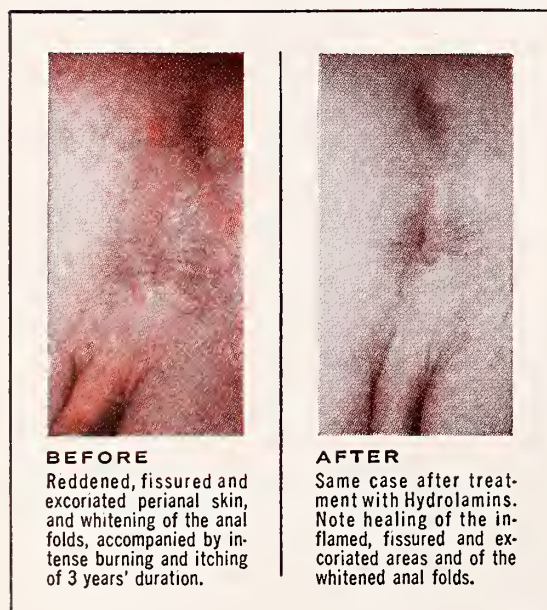
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Pruritus ani and vulvae . . . fissures . . . diaper rash . . . anal irritations and erythemas . . . pruritus due to pinworms . . . ileostomy and colostomy irritations . . .

1. Arthur, R. P., and Shelley, W. B.: A.M.A. Archives of Derm. 76:296 (Sept.) 1957.  
 2. Ehrlich, R.: Am. J. Proctol. 7:497 (Dec.) 1956. 3. Slocumb, L. H.: Am. J. Digest. Dis. 10:227 (June) 1943. 4. Bacon, H. E.: Anus-Rectum Sigmoid Colon, Diagnosis and Treatment, Philadelphia, J. B. Lippincott Co., 1949. 5. Bodkin, L. G., and Ferguson, E. A., Jr.: Am. J. Digest. Dis. 18:59 (Feb.) 1951. 6. McGivney, J.: Texas J. Med. 47:770 (Nov.) 1951.

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The easy digestibility of meat is a prime requisite of foods specified for the patient with congestive cardiac disease.

In addition to these important features, meat contributes other nutritional factors essential in any convalescence—the B vitamins thiamine, riboflavin, niacin, pantothenic acid, B<sub>6</sub>, and B<sub>12</sub>, and the minerals iron, phosphorus, potassium, and magnesium.

1. Odell, W. M.; Nutrition in Cardiovascular Disease, in Wohl, M. C., and Goodhart, R. S.: Modern Nutrition in Health and Disease, Philadelphia, Lea & Febiger, 1955, p. 699.

2. Bills, C. E.; McDonald, F. G.; Niedermeier, W., and Schwartz, M. C.: Sodium and Potassium in Foods and Waters, J. Am. Dietet. A. 25:304 (Apr.) 1949.

The nutritional statements made in this advertisement have been reviewed by the Council on Foods and Nutrition of the American Medical Association and found consistent with current authoritative medical opinion.

**American Meat Institute**  
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# Abstracts:

## THE PRODROMATA OF MENTAL ILLNESS

Downey, R. F.: The West Virginia Medical Journal 53:9, September 1957.

This article concerns one of the most important public health problems, mental illness. The author points to many astounding facts: one person in 14 may expect to spend some part of his life in a mental hospital; some individual in one family in four will be hospitalized for mental illness; aside from loss of earning power every patient who enters a mental hospital costs the state (Pennsylvania) \$15,000.

No more mental patients are cured now than 25 years ago but remissions are effected more quickly and last longer. The rapidity of remission is directly related to the period between the onset and detection of the disturbance. For this reason every physician should be alerted to the signs of impending mental illness. Psychiatry should be an integral part of all branches of medicine. Case histories obtained with the help of relatives are important, but no one sign should "hurry the patient to couch."

Regarding some deviations observed in infancy and childhood, the author cautions physicians to

beware of the perfect baby and to get a good family history. Of interest in children is the solitary child who is attached to material objects rather than persons or who refers to himself as "you" and to others as "I".

In adults the common signs of impending mental illness are: disinterest in dress, work, hygiene, social amenities and sex, difficulty in socialization, poverty of thought and lack of spontaneity, suspiciousness, weak realization, loss of humor, a vacuous smile and dead-pan expression; nomadism is highly prophetic.

Another consideration is the quantitative change in the discharge of energy of a given individual. With the extension of life expectancy all of us should have a more complete concept of cortical degenerative illnesses. Although diagnostic categories are avoided in this discussion, memory defects deserve special consideration. It is well known that loss of memory for recent events is a cardinal symptom (many of us would be reluctant to have it used alone as a criterion). Two or more of the following signs; purposeless activity, alteration in sleep habits, increase or decrease in verbalization, being too tired to think and notable tardiness as-

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## Abstracts: (continued)

sociated with loss of memory is indicative of psychopathology.

Physicians dealing chiefly in physical illnesses should remember that mental diseases rarely have an acute onset; the sudden appearance of any psychotic ideation should be considered to have a physical cause until proven otherwise.

Psychiatric illnesses are not so much a deviation from, as an exaggeration of, the normal. Single symptoms are nonsignificant. The most important indicators of impending mental illness are: sudden disinterest, deep preoccupation, loss of abstract ability, changes in psychomotor activity, depression, projection, withdrawal, memory defects and bizarre somatic complaints. The author has learned to view "psychiatry as common sense clothed in a language that no one can understand" and recognizes the psychiatrist's inability to get away from ambiguous terms and contradictory statements. The solution of mental illness lies with the medical profession as a whole.

*David A. Bickel, M.D., South Bend.*

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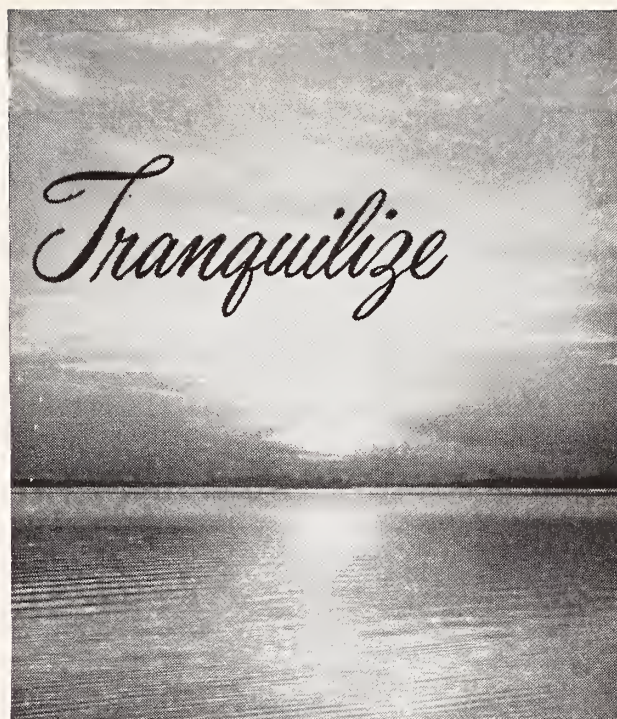
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## Books: Reviewed

**BATTLE FOR THE MIND.** William Sargeant, Garden City, New York, Doubleday & Company, 1957. 263 pp., Price \$4.50.

This book by this distinguished psychiatrist who heads the department of psychological medicine in St. Thomas' Hospital, London, England, presents a wealth of material on religious conversion experience and the phenomena of brain washing. The author has drawn extensively on the data of experimental physiology, particularly the findings of Pavlov to arrive at a working hypothesis of the physiology of these phenomena; changes in brain function which occur under certain conditions of emotional excitement and stress make possible drastic changes in firmly established ideological and behavior patterns. The processes involved in the destroying of old beliefs and the fixing of new ones have thoroughly been perused by the author. Observations made by the author are based on his extensive work with drug abreactive techniques in the treatment of acute war neuroses. In addition he includes first-hand observations of revivalist techniques and a wide sampling of the literature of religious conversion.

The first two chapters give the experimental work dealing with imposed stresses or conflict situation and the application of this work to human behavior. There are separate chapters on the use of drugs in psychotherapy for abreactive purposes and on psychoanalysis, shock treatment and leukotomy insofar as these elicit changes in patterns of thought and behavior in psychiatric patients. There are two highly stimulating chapters on techniques and the application of techniques of religious conversion with special reference to those of the 18th century revivalist, John Wesley, and to more recent well documented accounts of mystical and conversion experiences.

Subsequent chapters deal with the analogies between certain conversion and brainwashing techniques with what the author terms brainwashing in ancient times and with the eliciting of confessions, particularly false confessions. The final two chapters discuss the consolidation of newly planted beliefs and preventive considerations, as well as the author's general conclusions. The author points out that finding a rapid and permanent means of changing a man's belief is a problem common to political leaders, religious leaders and psychiatrists. The methods they have used to approach the problem also have something in common. The author has attempted to show what these methods do in terms of cerebral physiology.

This book is a stimulating one and an important contribution to an important field of inquiry in which factual data has been most scarce and unimpressive.

M. F. GREIBER, M.D., Muncie.

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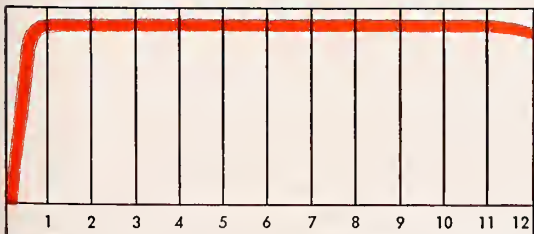
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 Elixir, three or four times daily.  
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*Children over 6—One tab.  
 or two teaspoonfuls Elixir t.i.d.  
 or q.i.d., or one Extentab q.12h.*

*Children 3-6—½ tab.  
 or one teaspoonful Elixir t.i.d.*

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# Joint Blood Council Launches Transfusion Services Survey

**M**ORE THAN 5,200 HOSPITALS, blood banks and other blood transfusion services are now receiving by mail a questionnaire from the Joint Blood Council, representing a major effort to provide a sort of mariner's guide to the vast and almost uncharted sea of blood banking and related activities in the United States and territories.

Recipients of the questionnaire are urged to fill it out and return it to the Joint Blood Council because of what this Survey of Blood Transfusion Services will mean to them, individually, and to the nation as a whole. They are reminded that as they sow, so shall they reap in terms of the new light it will shed on the often confused and confusing blood banking picture.

President Eisenhower has hailed the objectives of the Joint Blood Council and its member institutions in seeking to coordinate the nation's blood banking facilities, practices and terminology. On January 27, 1956, he wrote to Dr. Leonard W. Larson, Council president, praising the American Association of Blood Banks, the American Hospital Association, the American Medical Association, the American National Red Cross and the American Association of Clinical Pathologists for their combined efforts in making this "important contribution to the welfare of our country."

With success depending so greatly on the number and quality of replies to its questionnaire, the Joint Blood Council points out that it is part of what President Eisenhower, in his letter to Dr. Larson, called "a humanitarian effort in keeping with the American tradition."

The questionnaire represents a second phase of the Joint Blood Council's efforts to bring the blood transfusion picture into proper focus. The first phase was a postal card survey of blood usage during the calendar year 1956. That produced some eye-

opening information on the sources of blood in the United States. It also furnished the first reliable estimate in six years of how much blood is being transfused in the nation.

## CLARIFICATION NEEDED

The Council itself grew out of the need for closer cooperation among facilities which handle blood and between the independent blood banks and the regional and national blood banking systems. Its survey of blood transfusion services is another step in that direction. The Council's preliminary research has affirmed its conviction that blood transfusion services in this country are operating under handicaps that cry out for remedy; likewise the Council's realization that remedies can be applied properly only with accurate diagnosis. The current questionnaire will help clarify the symptoms that will make diagnosis and remedy possible.

In seeking a fuller understanding of blood's problems, the Council shares with the medical profession as a whole the sad recognition of such deficiencies as that wherein no completely safe or entirely satisfactory system exists for exchanging blood or blood credits on a nationwide scale. Moreover, those involved in blood transfusion services are hampered by terminology and nomenclature. For example, there is no precise definition of the frequently used term "unit" of blood. In some instances a "unit" is 480 cc's, in others 250 cc's, and there are further variations.

The term "blood bank" comes readily to many tongues, but what does it mean? Is it simply a place where whole blood is stored under refrigeration, or do such factors as recruitment of blood donors, processing and distribution enter in? And if so, to what extent?

With such questions begging for answers, no wonder the Joint Blood Council's file of correspondence looking forward to results of

*Continued*



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the survey of blood transfusion services is studded with such expressions of interest as these on the part of member institutions:

"The American Hospital Association is aware of the importance of the nationwide survey and offers to assist and cooperate in every possible way."

"The Board of Trustees (of the American Medical Association) authorized me to offer the Joint Blood Council all the facilities and resources of AMA which may be of assistance in your project."

"The American Association of Blood Banks has always been eager to learn more about blood banking facilities."

The president of the American National Red Cross said, "I can assure you that the American Red Cross is interested." His letter

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An intensive and practical course which stresses the technic of the more common procedures in General Surgery, Lectures and demonstrations are presented each morning by members of the Attending Staff of Cook County Hospital. Post-graduate students participate in practice animal surgery each afternoon. Surgical Clinics are presented in the Operating Rooms of Cook County Hospital.

Surgical procedures covered in this program include: Surgery of Large and Small Bowel; Gastric Surgery; Surgery of Thyroid, Breast, Gallbladder and Hernia; Amputation; Appendectomy; Abdominal Wall Incisions; Anorectal Surgery.

Registrations limited for each course. For descriptive circulars and application forms address:

**REGISTRAR, 707 South Wood Street,  
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states further that staff assistance may be called on for any assistance necessary.

**SAMPLE QUESTIONS**

Under the threat of atomic attack, the federal government is vitally concerned with blood supply since blood would be a first requirement of nuclear casualties. An Office of Defense Mobilization outline of the new national blood program emphasizes the need for coordination in line with Joint Blood Council aims. Civil Defense headquarters in Washington has asked for guidelines regarding the nation's capacity to supply whole blood in emergency. The Council's schedule of questions will help supply those guidelines. Among the questions it asks concerning the nation's blood transfusion services are these:

Are they capable of rapid expansion in time of emergency?

Where are they located?

How are they organized and operated?

What areas do they serve?

What is their annual volume of business?

How do they relate to allied services, such as tissue banks?

With the promise of getting answers to such questions, federal agencies concerned with hospitals eagerly anticipate the results of the Joint Blood Council's Survey of Blood Transfusion Services. Veterans Administration officials have offered to assume responsibility for distributing and collecting the questionnaire at hospitals within their jurisdiction.

**INDUSTRY WILL PROFIT**

At the industry level, pharmaceutical and hospital supply firms will profit by the blood survey. The facts it assembles will enable them to plan with more assurance in producing blood derivatives, blood bank supplies and equipment, laboratory apparatus and research instruments.

Thus the Joint Blood Council emphasizes that the sooner its questionnaire is filled out, analyzed and interpreted, the sooner will there be a general fund of information necessary to the proper development of a national blood program—a well known and respected transfusion service to the people of the United States through the medical profession.



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- Lowest Oral Dose In Sulfa History—0.5 Gm. (1 tablet) daily in the usual patient for maintenance of therapeutic blood levels
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- Convenience—the low dose of 0.5 Gm. (1 tablet) per day offers optimum convenience and acceptance to patients

*NEW DOSAGE*

The recommended adult dose is 1 Gm. (2 tablets or 4 teaspoonfuls of syrup) the first day, followed by 0.5 Gm. (1 tablet or 2 teaspoonfuls of syrup) every day thereafter, or 1 Gm. every other day for mild to moderate infections. In severe infections where prompt, high blood levels are indicated, the initial dose should be 2 Gm. followed by 0.5 Gm. every 24 hours. Dosage in children, according to weight; i.e., a 40 lb. child should receive  $\frac{1}{4}$  of the adult dosage. It is recommended that these dosages not be exceeded.

Tablets:

Each tablet contains 0.5 Gm. ( $7\frac{1}{2}$  grains) of sulfamethoxy-pyridazine. Bottles of 24 and 100 tablets.

Syrup:

Each teaspoonful (5 cc.) of caramel-flavored syrup contains 250 mg. of sulfamethoxypyridazine. Bottle of 4 fl. oz.

<sup>1</sup>Nichols, R. L. and Finland, M.: *J. Clin. Med.* 49:410, 1957.

LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY, PEARL RIVER, NEW YORK

\*Reg. U. S. Pat. Off.



# Wanted: PHYSICIANS LOCATIONS

Many inducements are being offered by Indiana communities to attract physicians to areas where residents feel there is not adequate medical protection for their families.

One small town seeking help has no physicians, and another will give free rent for a year to a doctor locating there.

Following are recent additions to the list of areas where physicians are wanted, and a second list of names of doctors who have inquired about Indiana opportunities.

## LOCATIONS

**CHARLESTOWN**—Clark County—population approximately 7,000 with a very large surrounding rural area. Free rent and equipped office free of charge for one year. Four physicians located in the town. Contact Mr. Charles C. Bottorff, Bottorff's Pharmacy, Charlestown.

**REDKEY** — Jay County — population 1,700. Farming community located 12 miles from Portland where hospital facilities are available. Modern office available. Contact Mr. Ralph Rooker, President, Lions Club, Redkey, Indiana.

**DYER**—Lake County—population 1,600. Located close to Gary and Hammond. No physician in the town. Office available. Contact John Knutson, President of the Board of Trustees, Dyer, Indiana.

## INTERESTED

Bob R. Cagle, Capt., USAF (MC) (general), 209 Winding Lane, Rantoul, Illinois.

Donald L. Hall, Capt., (MC) (general), Fort Leonard Wood Army Hospital, Fort Leonard Wood, Missouri.

Max Boone, M.D. (general—with an associate), 415 W. 5th Street, Peru, Indiana.

George Bullington, M.D. (general), 2326 Magnolia Place, Indianapolis 18, Indiana.

David S. Ayres, M.D. (general—available Jan. 1958), AFES, Ft. Thomas, Box 176, Cincinnati, Ohio.

William T. Campbell, M.D. (general and anesthesia—available July 1958), U. S. Naval Hospital, Camp LeJeune, North Carolina.

Donald L. Fields, M.D. (general—available Aug. 1958), 1028 Bel Air Drive, Rantoul, Illinois.

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Duane H. Dougherty, M.D. (general surgery), 201 Avon Road, Tonawanda, New York.

Donald H. Dexter, M.D. (surgery — available 1958), 710 South Marshfield Avenue, Chicago 12, Illinois.

Alvin O'Sullivan, M.D. (general surgery—available 1958), 410 W. 58th Street, New York City, New York.

Edward C. Voss, Jr., M.D. (general surgery—available July 1958), State University of Iowa, Iowa City, Iowa.

Joseph A. Dowlen, M.D. (general surgery — available 1958), 3040 Nevada, Minneapolis 26, Minnesota.

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Rudolph Hoene, M.D. (internal medicine), Department Internal Medicine, University of Virginia, Charlottesville, Virginia.

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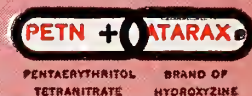
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## Sarcoma Botryoides of the Vagina in Infancy and Childhood: A Case Report

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W. P. MEYN, M.D.

G. T. MITCHELL, M.D.

*Terre Haute*

*S*ARCOMA BOTRYOIDES has been reported in patients ranging in age from a few weeks to middle age, with its primary sites mainly in the urogenital system. However, a number of cases of extra-urogenital sarcoma botryoides have been reported of the soft palate, vulva, nasopharynx, palate with invasion of middle ear and mastoid, epipharynx with invasion of cranial cavity and ear, anus, and bile duct.

According to Duckett, Davis, and McCall, the primary site is linked with the patient's age. "In infancy and childhood, the vagina is the place of origin. During the years of active reproductive life, it is the cervix. The tumors of the fundus occur in the post-menopausal

years." While exceptions to this may occur, it is a good rule. These authors also state the first report of sarcoma botryoides of the vagina was in 1854 by Guersant, and that since then "no more than 150 cases have appeared in the literature."

The definitions of sarcoma botryoides are many, but the one which seems to us to be the most accurate in the present state of our knowledge was given by Ober and Edgecomb when they wrote, "Sarcoma botryoides is defined as a tumor that occurs predominantly in infants and children in almost any part of the urogenital apparatus, that grows in the form of a single or complex polypoid mass, that is derived from mesenchymal cells, that may exhibit any or all of the transformations displayed by multipotent mesenchymal cells, and that is characterized by a tendency to recur locally following attempts at extirpation, to extend to adjacent pelvic viscera, and

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\* From the P. and S. Clinic, 221 South Sixth Street, Terre Haute, Indiana (Dr. Cavins and Dr. Meyn). Dr. G. T. Mitchell has his office at 116 South Fifth Street, Marshall, Illinois.

Case No.	Age	Presenting Symptoms	Treatment	Results	Pathological Findings following biopsy and/or surgery	Necropsy Findings
1.	19 mos.	Small reddish polypoid tumor protruding from vagina for 2 weeks.	Surgery — type and extent unknown.	Died—interval from operation unknown.	Invasion of epithelium; round, stellate and spindle cells.	No record of necropsy.
2.	2 yrs.	Soft reddish mass projecting from vaginal orifice; first appearance at 18 months of age.	Local excision — 3 times followed each time by x-radiation.	Died -3months after original appearance of tumor.	Grayish, soft irregular grape-like mass of tissue. Tumor composed of loose myxomatous matrix containing chiefly indifferent round and stellate cells with occasional spindle cell. Cross striations not seen.	Sarcoma botryoides of vagina with extension to pelvic soft tissue and metastasis to bladder, pleura, and lung. Bilateral hydronephrosis and chronic pyelonephritis secondary to ureteral obstruction by tumor.
3.	4 yrs.	Cauliflower type mass protruding from vaginal orifice 2 months duration.	Partial local excision.	Unknown — child was Korean refugee returned to parents following treatment. Impossible to follow up.	Mass covered by translucent epithelium with areas of bluish-green ulcerations. Over a portion of surface there were small coarse blunt polypoid projections. The remainder of the surface was smooth or slightly roughened but not polypoid. Cut surface was soft, relatively uniform and glistening white. Microscopic examination shows areas of irregularly dispersed round and stellate cells in loose myxomatous matrix traversed by many small discrete curled and wavy fibrils.	No record of necropsy.
4.	11 mos.	Small grape-like mass protruding from vagina, 3 weeks duration.	Complete hysterectomy, bilateral salpingo-oophorectomy and vaginectomy.	Died-8 months postoperative-ly with clinical evidence of widespread metastasis.	“Jack Straw” arrangement of long and short spindle cells occurs in many areas.  More than 20 ovoid polypoid grapelike masses in vagina. Cut surface watery, grayish, and unstructured. Immature cells for the most part densely packed beneath vaginal epithelium resembling “cambium” layer.	None reported.



Case No.	Age	Presenting Symptoms	Treatment	Results	Pathological Findings following biopsy and/or surgery	Necropsy Findings
4.		(continued)			Deeper in the polypoid structures the cells were separated, often widely, by myxomatous stroma. Tumor cells were generally characterized by round to ovoid hyperchromatic nuclei with prominent nucleoli being arranged as to make some cells round, others stellate, others bipolar and a few completely irregular in form. A few neoplastic muscle cells with cross striations seen.	
(1)						
5.	22 mos.	Bloody vaginal discharge of 2 weeks duration.	Local removal by curettage, followed by cauterization and by x-ray therapy later.	Recurrence in 3 months. Died 6 months after she was first seen.	Rhabdomyosarcoma.	None reported.
(2)						
6.	26 mos.	Urinary urgency and protrusion of tissue from vulva, 2 weeks duration.	Complete hysterectomy, sparing both tubes and ovaries and complete vaginectomy except for that portion under urethra. Combined abdominal - perineal approach.	At last report, patient still alive (June 26, 1957) and well, ten years post-operative. Shows female development. (Personal communication from Dr. Joe V. Meigs.)	Grayish-white tumor mass with granular surface covered with soft tiny nodules. Microscopic examination shows small spindle shaped cells with pale basophilic oval nuclei and indistinct cell walls. Scattered through the stroma are large spindle to slightly irregular oval shaped nuclei. Sections through the more translucent polyps show myxomatous areas characterized by a few deeply basophilic nuclei scattered in a sea of faintly acidophilic to basophilic precipitated protein.	
(3)						

Note: Numbers in parentheses in left hand column pertain to references.

Case No.	Age	Presenting Symptoms	Treatment	Results	Pathological Findings following biopsy and/or surgery	Neecropsy Findings
7.	1½ yrs.	Unknown.	Local excision. Total abdominal hysterectomy with bilateral salpingo-oophorectomy.	Died 4 months after surgery.	Striated myeloblasts.	None reported.
(4)						
8.	2 yrs.	Unknown.	Local excision (incomplete), radium, x-ray.	Died 1 year, 4 months after surgery.	Striated myeloblasts.	None reported.
(4)						
9.	1 yr.	Unknown.	Local excision (4 times), total abdominal hysterectomy. Vag- inectomy.	Died 2 years following surgery.	Striated myeloblasts.	None reported.
(4)						
10.	16 mos.	Blood tinged vaginal discharge and small reddish mass at vaginal orifice, 4 weeks duration.	Digital curettage, sharp dissection and fulguration. 2 courses of x-ray therapy. Later radical surgical removal of the growth and involved organs was attempted without success.	When last reported, patient was in terminal state with massive recurrence of the growth and clinical uremia. Approximately 4 years of age.	Pattern of neoplasm strongly resembles embryonal mesenchyme. Composed of small pleomorphic cells lying in a loose mesh-work architecture. The intercellular substance is palely eosinophilic, fibrillary and edematous. In some areas stroma is condensed and opaque with no definite structure. In others it appears myxomatous. Most cells exhibit bipolar tendencies but occasionally are multipolar, oval or rounded. Nuclei are irregular and vary greatly in size. Chromatin is dark and hyperchromatic. Cytoplasm is faintly lavender. Numerous elongated cells contain parallel longitudinal fibrils within their cytoplasm occasionally demonstrating definite cross striations.	



Case No.	Age	Presenting Symptoms	Treatment	Results	Pathological Findings following biopsy and/or surgery	Necropsy Findings
11.	18 mos. (7)	Vaginal mass, bleeding of 4 months duration; abdominal swelling and perineal pain one month duration.	X-radiation.	Died 7½ months from onset of illness.	Sarcoma botryoides.	None reported.
12.	3 yrs. (7)	Vaginal bleeding one month's duration. 20 months prior, mass protruding from vagina diagnosed as traumatic lesion.	Treatment refused.	Died—24 months after onset from uremia.	Sarcoma botryoides.	None reported.
13.	15 yrs. (7)	Intermenstrual bleeding one year's duration, abdominal pains, backache, dysuria and weight loss 4 months duration.	Excision of vaginal tumor followed by x-radiation. Tumor re-excised later.	Died one year from onset from uremia.	Sarcoma botryoides.	Large necrotic tumor mass occupying position of uterus and vagina. Metastasis to liver and intestines. Sarcoma botryoides.
14.	18 yrs. (7)	Abdominal pains, vaginal discharge of several months duration; recurrent urinary retention for 6 weeks. Grape-like necrotic tumor protruding from introitus.	X-radiation.	Died 16 months from onset.	Sarcoma botryoides.	None reported. However x-rays prior to death revealed metastatic lesions of humerus, femur, tibia and ribs.
15.	6 mos.	Vaginal spotting, 4 days duration.	Total abdominal hysterectomy and vaginectomy.	Died—3 months, 10 days from onset.	Loculated yellow tumor. The cut surface is white and homogeneous. Tumor made up of partly loose myxomatous, partly cell rich stroma with many cystic spaces and embryonic glandular structures. Many spindle-shaped cells. Malignant mixed mesodermal tumor of vaginal wall (Sarcoma botryoides.)	Recurrent sarcoma botryoides, filling the pelvis, extending through the posterior wall of the urinary bladder, into the clitoris and ulcerating through the perineum. Bilateral hydro-ureter and hydro-nephrosis, more marked on right. Tumor thrombus in the inferior vena cava to the level of the right renal vein. Extensive collateral circulation bypassing the lower inferior vena cava. Metastasis to the vertebral lymph nodes, liver, and lungs.

This case is subject of this present report.

Note: Numbers in parentheses in left hand column pertain to references.

somewhat less frequently to metastasize to distant organs."

Sarcoma botryoides of the vagina certainly is uncommon, if not rare. Ulfelder and Quan in their case report stated that this was "the only example of this lesion ever seen in the Massachusetts General Hospital." It is our intent to confine this paper to a brief review of cases of sarcoma botryoides of the vagina in infancy and early childhood plus a report of one new case of our own. Consequently, the cases in the literature pertinent to this paper are presented in tabular form (Table I).

### CASE REPORT

The patient was a six month old white female who had been delivered by Dr. G. T. Mitchell December 10, 1954, at a normal labor, and weighed seven pounds, three ounces at birth. The pregnancy itself had been uneventful, although the father was Rh positive and the mother Rh negative. At approximately 36 weeks of gestation, a Coombs test was done and proved to be negative. On the day of delivery, the infant's hemoglobin was found to be 19.3 grams and red count 6,200,000. The blood bilirubin direct was 0.9 mg. %, and total was 2.2 mg. %. On December 13, 1954, another blood count on the baby showed 20.3 grams, red count 5,600,000. The baby was found to be type A, Rh positive. The infant did well in the hospital, and when checked on December 28, 1954, by Dr. W. P. Meyn, was found to be in good condition. Her weight at that time was eight pounds, five ounces.

The baby continued to do well until June 19, 1955, when she was seen by the family doctor, Dr. George T. Mitchell, because of blood spots on diaper. At that time, he found two small superficial external fissures which he cauterized with silver nitrate, and these apparently healed. However, on the afternoon of admission to the hospital, June 23, 1955, there was a great deal more bleeding, with passage of some clots. She was referred to Dr. Meyn again, who found on examination that the vagina was entirely filled with clots, but no bleeding point could be found. She was therefore referred to the hospital for more complete examination and

diagnosis. Her blood count at that time was hemoglobin 11.6 grams (75%), red blood count 3,640,000, white count 11,800 with 44 segmented cells, one band cell, 54 lymphocytes, and one monocyte in the differential count. Soon after admission to the hospital, under general anesthesia, with vinethene, the vagina was examined by Dr. A. W. Cavins with a Kelly endoscope. There was a good deal of bleeding, coming apparently from the upper vagina and in that region a few small grape-like growths were seen. It was difficult to visualize these well on account of the bleeding. Three places considered suitable for biopsy were visualized at different times, and three bits of tissue were obtained. This was done with an endoscopic biopsy forceps. A bimanual examination was made using the little finger in the rectum, but no pelvic mass could be palpated at that time. A vaginal pack of one-half inch drawn gauze was introduced through the endoscope and left in place. This stopped the bleeding quite effectively. The patient was then returned to bed in good condition. The postoperative diagnosis was cervical or vaginal lesion—possible sarcoma botryoides. The pathologist reported this biopsy as showing "mixed mesodermal tumor (sarcoma botryoides)."

On June 28, 1955, Dr. Cavins assisted by Dr. H. C. Boyd and Dr. G. T. Mitchell performed a total abdominal hysterectomy and vaginectomy. The tumor proved to be a mixed mesodermal tumor (sarcoma botryoides) of the vagina. The operation was as follows: "Under inhalation anesthesia with ether, a transverse incision was made dividing both recti muscles about halfway between the symphysis and the umbilicus. The peritoneum was also opened transversely. The tubes, ovaries, and uterus appeared to be normal. The uterus was about the size of a shelled peanut, but below it in the vagina was a large tumor mass of approximately the volume of a hen egg, although it was shaped more like a gourd with the larger end at the lower portion of the vagina. The vaginal wall was greatly distended by this mass. The mass extended farther out on the right side than it did on the left and was more difficult to dissect on the right side. A total hysterectomy was done, and also a



nearly total vaginectomy was done, removing the uterus, vagina, and tumor all in one piece. At the lowermost end after the vagina had been cut across, there appeared to be a small bit of tissue resembling tumor, so the vagina was further trimmed. In doing this dissection, the bladder was separated from the mass clear down to the urethra and at least half of the urethra was also dissected free from the vagina. The ureters were well exposed for about 4 cm. above the bladder. All main vessels were clamped and ligated as the dissection proceeded, and there was not much bleeding until the lowermost part of the dissection was done. This was followed by some oozing from the pelvic wall which was well controlled by a pack of gelfoam on each side and in addition, one piece of one inch uterine packing, plain gauze, the end of which was brought out through the vaginal opening and anchored to the thigh. The peritoneum was then closed above this packing, the bladder flap being attached to the serosa of the rectosigmoid. The round ligaments were tied together in the midline. The tubes and ovaries were not removed. There appeared to be no involvement of the uterus whatever, the tumor apparently being entirely vaginal. The peritoneum was closed with a continuous suture, locked in places, using #00 chromic gut. The rectus muscles were sutured together with mattress sutures of the same material, both end to end and also together in the midline. Fascia was closed with a running locked suture of #00 chromic gut, skin with interrupted black silk. Baby withstood the operation fairly well, considering the magnitude of same. The entire vagina was removed except for the lowermost 1.5 cm., as nearly as could be estimated. The remaining vagina may only have been about 1 cm."

*Pathologic examination:* "Gross: Specimen A. consists of a 1.4x1.0x0.8 cm. uterus and vagina. The vagina is filled by a 3.5x3.0x2.5 cm. tumor which completely replaces the lower two-thirds of the vaginal wall. The vaginal surface of the tumor is loculated and has a yellow color. The cut surface is white and homogeneous. The endocervix and endometrium are smooth. The uterus is not involved. The tumor extends to the lower end of the

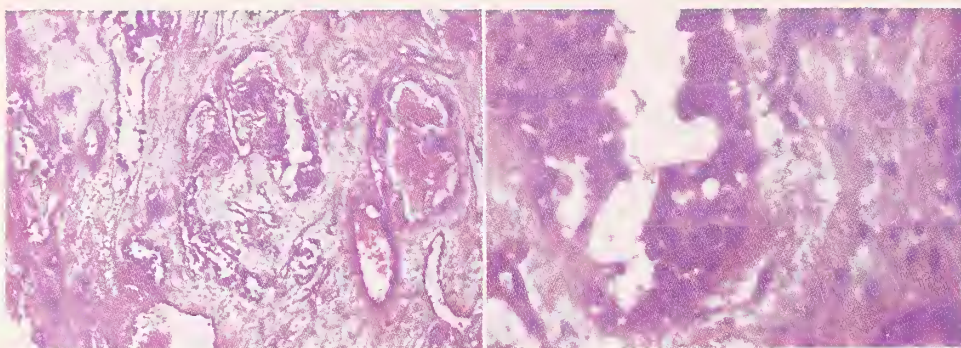
specimen. Specimen B. consists of two pieces of tissue with clamp marks. Specimen C. consists of a bit of tissue submitted separately.

*"Microscopic:* Sections show the tumor to be made up of partly loose myxomatous, partly cell-rich stroma containing many cystic spaces and embryonic glandular structures lined with epithelial-like cells. In a few areas these structures are surrounded by mucoid areas. There are many spindle-shaped cells, but definite cross striation cannot be detected. Sections from the separate specimen also reveal an invasion by the tumor. . . .

*"Diagnosis:* Malignant mixed mesodermal tumor of vaginal wall (sarcoma botryoides)."

The postoperative care of this infant was, of course, complicated, and it was conducted chiefly by the pediatrician, Dr. Meyn. The baby did very well in spite of the extent of the surgery, but about 10 days after operation it was felt that an inspection should be made of the short remainder of the vagina and that entire area. Accordingly, on July 9, 1955, under inhalation anesthesia, with ether, a rectal examination was done which showed no evidence of any recurrence of the tumor. The short remainder of the vagina was observed by otoscope and mild electrocoagulation of the vaginal cuff was done, although there was no gross indication of any recurrence. This was done as a precaution, and the electrocoagulation could not be carried very deeply because of the proximity of the urethra. The patient stood this well, and was returned to bed in good condition. She was discharged from the hospital the next day.

The patient did well for a while, but when seen again on August 1, 1955, at the office, she had begun to show some deterioration in her general condition, with anorexia and fussiness. She weighed 15 pounds, 12 ounces. At that time, examination showed considerable prominence of the clitoris and a slight pink discharge from the small pit that remained of the vagina. However, a cytology smear made at that time was reported as negative for tumor cells, Class II. Rectal examination showed some induration in the pelvis, but it was not certain whether this represented a recurrence of the tumor or a deposition of scar tissue in the pelvis. On



**Figure 1. Low-power and high-power views of original biopsy showing cystic spaces lined by epithelial-like cells surrounded by myxomatous stroma.**

August 6, 1955, she was examined again, and a larger mass was found in the abdomen and pelvis. The legs were swollen, and she was voiding poorly. On that date she was admitted again to the hospital.

On admission, the following note was made: "Child had progressed well at home until approximately two weeks before this present admission, at which time it was noticed that her weight gain stopped, and her disposition became much more irritable. She had been seen in the office approximately one week prior to admission, at which time the only physical finding suggestive of recurrence was enlargement of the clitoris. On August 6, 1955, she was brought back into the office with history of increasing abdominal size and anuria of short duration. A catheter was inserted into the bladder, but no urine was returned at the office. The patient was therefore admitted to the hospital for further care.

"The physical examination showed her to be a malnourished, very irritable and wasting white girl with a new incision scar over the lower abdomen.

*"Abdomen:* Significant in that the abdominal girth was much increased. There was a large palpable mass filling the lower quadrants, most prominent suprapubically. The liver edge was at the costal margin, and the spleen tip was not palpable. There was gaseous distention, appreciable. *Genitalia:* Revealed the enlargement of the clitoris with a boggy mass of all mucosa in that area. The legs and thighs were similarly swollen, indicative of the obstruction intra-abdominally. *Neurological:* Revealed no significant abnormalities. *Impression:* Sarcoma botryoides, recurrent, extensive. Acute urinary reten-

tion." These notes and examination were made by Dr. Thomas Conway. The patient's course at this admission was downhill. Her hemoglobin on admission was 10.9 grams, red blood count 3,700,000, white count 10,200, with one band form, 58% segmented neutrophils, 1% eosinophils, 3% basophils, and 37% lymphocytes. The urine showed 3 plus albumin and 50 to 75 pus cells per high power field and 20 to 25 red cells. X-ray taken August 12, 1955, showed scattered densities in both upper lung fields compatible with metastases. There was slight increase in the transverse diameter of the heart. There was a round mass seen in the AP view of the pelvis which displaced the colon and small bowel in this region. On September 1, 1955, x-ray of the chest showed more extensive and definite mottled, rounded, variable sized densities in both lung fields. There also was increase in the soft tissue swelling and density seen in the region of the bony pelvis and in the genitalia. On August 12, 1955, it was decided to remove the catheter, but the child was unable to void, hence the catheter was replaced. The edema of the lower extremities gradually increased, and she also developed hemorrhage from the bladder. She finally died on September 27, 1955. An autopsy was done which showed no fluid in the abdominal or pleural cavities. The lungs contained multiple well circumscribed nodules, brownish red to white in color. They varied from a few mm. to 1.5 cm. in diameter and were present in all lobes of both lungs. No tumor was found in the thoracic vena cava. The liver was normal in size, but contained two well circumscribed soft white tumors measuring 3.0 and 2.0 cm. in diameter. These were both in the right lobe and were



the only metastases in the liver. Pancreas apparently was normal. Spleen also was normal. The adrenals showed nothing unusual. The left kidney was approximately one and a half times the size of the right. There was bilateral hydronephrosis and hydronephrotic atrophy. Both ureters were dilated but the right ureter much more so. The bladder was distended and filled with a thick, dirty gray fluid. There were multiple grayish-black masses projecting from the mucosal surface of the bladder. There was soft pinkish-white neoplasm invading the posterior wall of the bladder and filling the entire pelvis. The ovaries and tubes could not be found. The uterus was not present. There was a 4.0 cm. cystic mass in the region of the left ovary, and sectioning revealed abundant pinkish-white neoplasm in the wall of the cyst. The neoplasm extended into the inferior vena cava and was growing in the lumen of that vessel as far as the right renal vein. The left renal vein was above the level of tumor thrombus. The left renal vein and the ovarian vein were markedly distended. There were multiple enlarged paravertebral lymph nodes.

They were replaced by soft pinkish-white tumor. The neoplasm extended into and made up the bulk of the swollen clitoris. The wall of the rectum, however, was not involved. On microscopic examination, the neoplasm showed extensive areas of necrosis. The viable neoplasm exhibited a medullary pattern. The tumor cells were large with relatively clear cytoplasm, and in most cases well defined cell borders. The nuclei were irregular in shape and mostly round to oval. The nuclear borders were distinct. Only occasional mitotic figures were present. The nucleoli were not prominent and in most cases the nuclei were relatively clear. Occasional thin vascular fibrous bands traversed the neoplasm. There were thrombosed vessels and occasional thick fibrous septa. The pathological diagnoses were: "Recurrent sarcoma botryoides, filling the pelvis, extending through the posterior wall of the urinary bladder, into the clitoris, and ulcerating through the perineum. Bilateral hydro-ureter and hydronephrosis, more marked on the right. Tumor thrombus in the inferior vena cava to the level of the right renal vein. Ex-

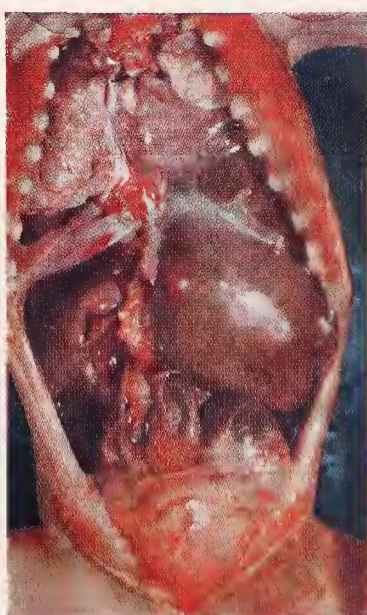


*Photographs by Jack G. Weinbaum, M.D., Terre Haute.*

**Figure 2.** Surgical specimen. Shows large size of vaginal tumor compared to the infantile uterus, the latter being uppermost in the picture.

**Figure 3.** Condition at time of death. Note collateral circulation, cachexia, and swollen clitoris.

**Figure 4.** Autopsy findings. Shows the pelvic mass, tumor filling inferior vena cava, and metastases to liver and lungs. Right lobe of liver has been moved to uncover cava.



**Figure 5.** Autopsy gross specimen. Shows urinary bladder containing necrotic tumor, one kidney, and metastases to liver and lungs.



tensive collateral circulation bypassing the lower inferior vena cava. Metastases to the vertebral lymph nodes, liver, and lungs. Hysterectomy and vaginectomy June 23, 1955. (Clinical). Cachexia. *Cause of death:* Recurrent sarcoma botryoides with obstruction of the lower vena cava and ureters. Metastases to the lungs." The autopsy was performed by Dr. L. L. Blum and Dr. Jack Weinbaum. At that time the patient was age 9 months and 17 days.

### COMMENT

The astonishing feature of this tumor was the extreme rapidity of its growth, and this has also been noted by others. Four days after the first hint of vaginal bleeding, endoscopic examination revealed a few small botryoid growths in the upper vagina. At operation, five days later, the entire vagina was not only filled, but *distended* by the growth. Calculation of the volume of the uterus gives roughly 1.12 cc., while the tumor figures about 26.25 cc. The size of the uterus gives an idea of what it is like to perform hysterectomy on a six month old infant.

### SUMMARY

1. Sarcoma botryoides of the vagina is seen in infants and small children, rather than in adults.

2. Surgery, combined surgery and radiation, and radiation alone seem to be completely ineffective except in one reported case.

3. Spread of the tumor is largely by direct

extension. Distant metastasis is not frequent.

4. This tumor is apparently of mesenchymal origin.

5. A case is reported in a six month old infant, which, although operated upon, developed extensive metastases by direct extension in several directions and also metastases to the vertebral lymph nodes, liver, and lungs. Extensive collateral circulation developed, from obstruction of the inferior vena cava. Growth of this tumor was astonishingly rapid.

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# Cesarean Section

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**I**N REVIEWING THE LITERATURE on the subject of Cesarean section, one notes a trend toward a larger number of sections and also a trend toward allowing individual patients to have more sections. Trends also indicate increased safety associated with the operation.

Statistics for the state of Indiana, however, show a rather steady pattern with the State Board of Health figures giving a section percentage of 4.13% for 1949 and of 3.80% for 1956, these figures thus indicating a slight decline in the incidence of Cesareans over the past eight years in Indiana. In 1956 there were 110,196 reported deliveries in Indiana with a total of 4,188 Cesarean sections, and there was a total of 37 maternal deaths. As few maternal deaths were associated with Cesarean section, this indicates that the procedure has been quite safe.

Study of Board of Health figures brings out some startling variations in the section incidence over the state. The highest single hospital incidence for any year in the past eight years was 19.39%, and hospitals varied from this high down to zero percent, depending somewhat upon the total number of deliveries. One hospital gave an incidence of 19.39% in 1949 and 14.4% in 1956, while another hospital gave an incidence of 18.38% in 1949 and 5.9% in 1956.

In our three local hospitals during the past eight years, the yearly incidence of sections has varied from a low of .9% to a high of 3.53% per year, with all three hospitals usually being about the same, and with the top incidence usually running below 3%. This incidence has remained quite constant even without a required staff consultation prior to

section. Since consultation is not mandatory prior to other major operative procedures, one readily concludes that this liberal view as regards Cesareans has not been violated.

## INDICATIONS FOR SECTION

Indications given for section are legion and stretch almost to the limit of one's imagination. Numbered among the leaders are cephalopelvic disproportion, previous sections, central placenta praevia, abruptio placenta, and toxemias of pregnancy. Other indications include prolapse of the umbilical cord, diabetes with delivery prior to term, malpositions of the baby, and obstructing tumors.

Certainly, section should be substituted for high forceps delivery. Whether section will replace mid forceps delivery, as some advocate, remains to be seen; however, it might well be utilized to avoid severely traumatizing vaginal procedures of all types.

With the advent of usage of hypotensive drugs, such may lessen the need for section termination of toxemias. Cardiac patients usually have short labors and quite satisfactory recovery. It has always seemed to me that section was a poor choice for delivery of most cardiac patients.

The decision to do the first Cesarean possibly sets the pattern for care of that patient regarding future pregnancies, as well as how many children she may have. Thus careful consideration must be given to such a choice. Section does not guarantee a sound baby; in fact the results are not as good as for vaginal deliveries. Again, section has never been a happy choice for the handling of a neglected case—better that a decision had been made earlier. Fortunately this situation has been seen less frequently in recent years.

Minimum precautions before starting a

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Cesarean section include sufficient help, an experienced person to care for the baby, satisfactory anesthesia, available blood, and an anchored retention catheter in the bladder. Postoperative use of antibiotics depends on the individual case; prophylactic usage still has doubtful value.

The dictum, "Once a Cesarean, always a Cesarean" has many followers. Certainly, if the indication for the first section is still present, the choice can be no other. Again, if the patient has had easy labors and deliveries prior to the first section, a repeat section surely is not always indicated. The writer has done vaginally about 100 deliveries without difficulty on patients with previous sections. Rupture of the old scar tends to occur frequently prior to term, and even as early as the fifth month. Failure of the patient to report untoward conditions, and the failure of the doctor to recognize symptoms of separation can be disastrous.

The question as to how many sections a patient may safely have remains unsolved. There are patients on record who have had as many as 10 sections. The writer has done the seventh on one patient with essentially negative intra-abdominal findings. Again, occasionally the second section becomes quite difficult due to adhesions. The literature brings out a point, that the view now is toward allowing a patient to have as many sections as she may want, provided untoward findings do not intervene. Certainly, at least a third or a fourth seems safe today in most instances.

Review of many writings brings out a startling disclosure, that the loss of most babies at repeat sections occurs because of prematurity with delivery too far ahead of the due time. This can be avoided. Induction of any form is a doubtful procedure in pregnancies following sections. No oxytocic should be given prior to delivery of the baby.

### TRENDS IN PROCEDURES

The earlier high classical or so-called high fundal section has long been discarded in most centers. Since it accounts for greater bleeding at operation and higher incidence of postoperative complications and morbidity,

the discontinuance serves well. Also, incidence of rupture of the uterine scar is higher in this section. Such still appears to be the operative procedure of choice in some areas of Indiana. Its discontinuance is to be encouraged.

The low classical Cesarean section has many advocates and is still done for many sections. Rapid delivery and ease of technique are its chief advantages. It seems to fit well for the elective case.

Most medical centers have been advocating the low cervical section for several years. It lends well to the patient who has had a trial of labor and the lower uterine segment is thinned out and the peritoneal reflection can be easily dissected free.

Lesser spill to the upper abdomen plus lower morbidity, lesser incidence of rupture, and less bleeding are among the advantages of record. Falls and Schuman, however, quote sizeable series of alternate cases of low classical and low cervical sections with about identical results. No low cervical Cesarean section should be started without small forceps available for delivery of the head. Choice of uterine incision rests between the transverse, which may invade the lateral larger vessels, and the longitudinal, which may extend up to the fundal area and down into the cervix. Delivery through the placenta at this level by either incision may compromise the situation.

The Latzko or peritoneal exclusion section has been revived by Norton, Waters, and others who advocate this procedure. The incidence of complications is high, running nearly 20%. Others trying the procedure conclude that the infrequent operator, only being called upon to do such, once in several months, hardly is able to find the procedure justified.

The Porro section or Cesarean hysterectomy has some limited usage in selected cases only. It is not too difficult a procedure, but nonetheless is quite a formidable operation. Davis and Dyer have documented rather impressive numbers of such procedures. If such is being used only as a method of sterilization, it is too much of an operation for the end results obtained.

The results of posthumous sections have been discouraging. However, a number of



cases are on record where living babies have been obtained.

On taking histories of patients, one occasionally runs across a record where section was done for the purpose of sterilization. Little merit lies in such approach, for certainly sterilization can be accomplished by simple tubal ligation, with a small incision, done within 12-36 hours after normal delivery. The patient's recovery by this approach is remarkable.

### SUMMARY

In conclusion, Indiana is a comparatively safe place to have a Cesarean. All of us have cared for that patient, in which hindsight caused us to wish we had done a Cesarean. Certainly a woman whose condition warrants a section should not be denied the operation. Some precautions need to be followed more closely, and some changes in technique would be helpful. One must ever be reminded that the decision to do the first section may markedly alter that patient's future capabilities to bear children.

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### MALARIA SELDOM SEEN NOW VA ANNOUNCES

Malaria is a vanishing disease in Veterans Administration hospitals, VA announced recently.

Of the hundreds of thousands of veterans who contracted malaria overseas during World War II and the Korean Conflict, almost none now requires treatment by VA for the disease.

Only nine cases of malaria were treated in VA's 173 hospitals and 101 outpatient clinics during the first three months of 1957. Only two of the nine were hospitalized.

Use of the drugs primaquine and chloroquine has given excellent results in treatment of malaria, VA said.

## REVIEW:

# Mechanisms in Peripheral Edema of Congestive Heart Failure

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## INTRODUCTION

**I**N CONGESTIVE HEART FAILURE, it is well known that the excretion of sodium and water by the kidney may be impaired. It is generally agreed that elevated venous pressure<sup>1</sup>, low glomerular filtration rate<sup>2,3</sup>, inadequate cardiac output<sup>4</sup>, reduction in effective circulating blood volume<sup>5</sup>, and altered secretion of the sodium-retaining hormones by the adrenal cortex<sup>6, 7</sup> represent some of the stimuli which initiate, directly or indirectly, various renal mechanisms for the retention of sodium and water.

While certain experimental observations suggest that *acute elevation of renal venous pressure* is the primary disturbance which evokes the retention of salt and water in congestive heart failure<sup>8</sup>, other studies in animals with chronically induced renal venous hypertension<sup>9</sup> cast some doubt as to the validity of this hypothesis due to failure to observe sodium and water retention. It may be concluded from these opposing observations that, while venous hypertension may indirectly influence the excretion of sodium, there are other disturbed homeostatic body mechanisms which are activated to cause sodium and water retention in congestive failure.

There are those who contend that sodium and water retention in cardiac failure is due to a *decrease in cardiac output* which causes a reduction in renal blood flow (RBF) and glomerular filtration rate (GFR). Thus, the diminution in GFR with the consequent reduction in the filtered load of sodium presented to the renal tubules has been suggested as the primary mechanism in the impairment of sodium and water excretion. It has been found, however, that some patients with peripheral edema have normal GFR while other patients without this edema and without restriction of their dietary intake of salt have abnormally low cardiac outputs and GFR<sup>10, 11</sup>. These observations and the lack of any significant correlation between the degree of reduction in RBF and GFR with the level of cardiac output<sup>12</sup> raise some question as to whether these renal hemodynamic alterations are the most important determinants in the retention of sodium and water in congestive heart failure. There is also some experimental evidence that abnormal retention of sodium and water may be due to increased renal tubular reabsorption in congestive failure<sup>10, 11</sup>. Observations of the effects of exercise in cardiac patients show a persistence of this retention during the post-exercise period despite the return of the GFR to pre-exercise control levels.

From these observations, it appears that there may be factors other than elevated venous pressure, reduced cardiac output, and depressed GFR which play an important role in the retention of salt and water in cardiac

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failure. The finding of low sodium and high potassium concentrations in the saliva<sup>13</sup> and sweat<sup>14</sup> and increased urinary output of aldosterone (a sodium-retaining corticoid)<sup>7</sup> in cardiac failure suggests that hyperfunction of the adrenal cortex, possibly secondary to elevated venous pressure or lowered cardiac output, may be an important intermediate mechanism in the decreased renal excretion of sodium. Although the primary renal defect in cardiac failure is the inability to excrete sodium normally, the presence of antidiuretic substances (ADH), probably initiated by an inadequate circulating blood volume and/or increased osmotic pressure of the plasma, may be another factor tending to augment peripheral edema by impairing water excretion.

From this brief discussion, it is apparent that there are many different mechanisms in cardiac failure which contribute to the renal retention of sodium and water. Certain experimental observations on the effects of stressful procedures (venous congestion of the extremities, phlebotomy, exercise, and sodium loading) on the relationship of cardiovascular and renal hemodynamics to sodium excretion in patients with heart disease will be presented in an attempt to elucidate some of the important aspects of this problem.

### **CARDIOVASCULAR AND RENAL EFFECTS OF REDUCTION IN BLOOD VOLUME**

The assumption of the upright position in normal subjects, as well as in patients with cardiac failure, is known to cause decreases in RBF and water and sodium excretion.<sup>15,16</sup> By venesection or by applying venous constricting cuffs to the thighs in supine subjects, certain postural hemodynamic effects may be avoided while other physiologic responses are preserved. Experiments utilizing these procedures were conducted to determine whether the renal functional disturbances, that is, sodium retention, caused by this maneuver in any way resemble those found in congestive failure. It was found that, with the application of venous constricting cuffs on the thighs (70 mm. Hg), there are characteristic decreases in RBF (PAH clearance),

GFR (inulin clearance), and water and sodium excretion (Figure 1). Despite the return of the renal hemodynamic measurements to control levels during venous congestion, urine flow and sodium excretion remain depressed. On release of constricting cuffs, there is a gradual return of water and sodium excretion to control levels, the urine flow usually returning more slowly than the sodium excretion. Of the various possibilities which have been considered to explain these renal responses, a reduction in effective circulating blood volume and cardiac output due to the trapping of blood in the lower extremities seems most likely. The decreases in the excretion of water and sodium suggest the intervention of certain homeostatic mechanisms to compensate for the reduction in effective circulating blood volume. Since these renal responses to venous congestion of the limbs occur similarly in both splanchnicectomized hypertensive patients and normotensive or unoperated hypertensive subjects, it appears that the responses are not dependent upon the activity of the splanchnic sympathetic nervous system.<sup>5</sup> Presumably, humoral mechanisms, secretion of antidiuretic hormone (ADH) and adrenal cortical salt-retaining hormone (aldosterone) stimulated by this procedure, cause the reduction in the excretion of water and sodium.

To investigate the possibility that ADH, acting on the distal renal tubules, accounts for the decrease in excretion of water following the application of venous constricting tourniquets, patients with diabetes insipidus were studied (Figure 2).<sup>17</sup> In patients with diabetes insipidus during this procedure, a slight decrease in urine flow is noted. There is, however, a greater proportionate decrease in the excretion of sodium associated with a reduction in sodium concentration in the urine. These results are in striking contrast to the effects of venous congestion of the limbs in a subject without diabetes insipidus. These normal subjects instead show a marked reduction in urine flow after venous congestion of the limbs. The reduction in sodium excretion, though considerable, is small compared to the reduction in urine flow, and is therefore associated with a greatly increased concentration of sodium in the urine. These

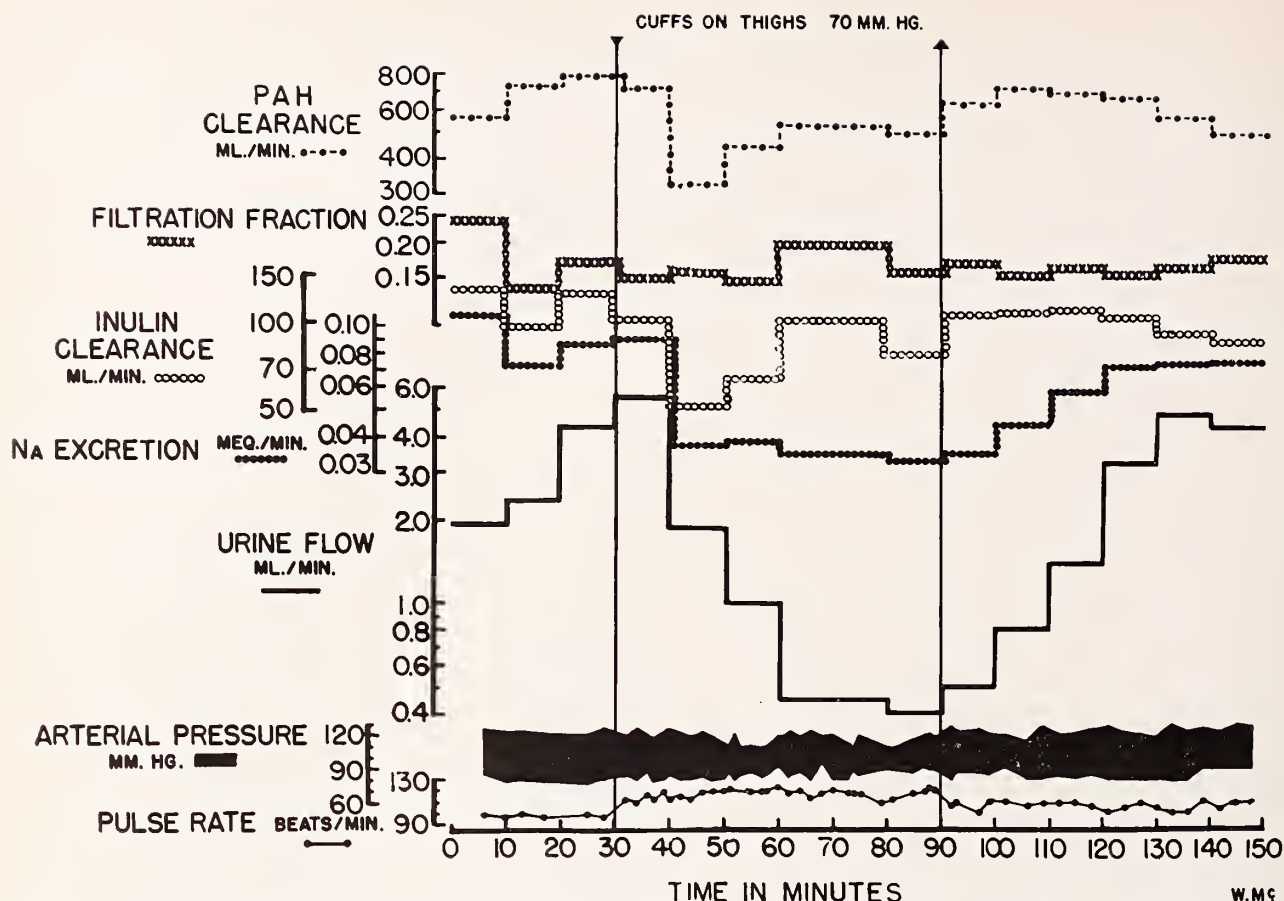


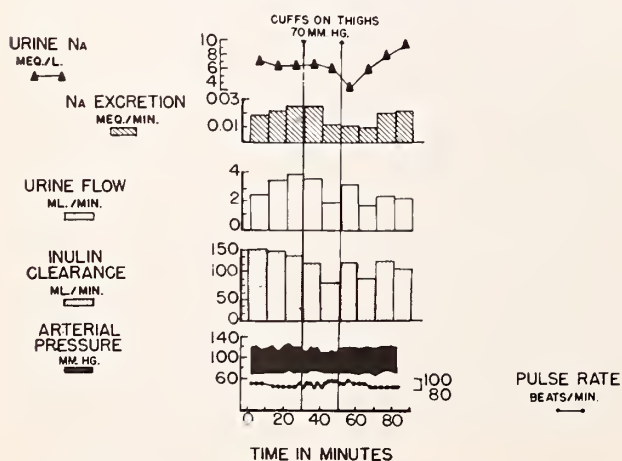
Figure 1. Note the pattern and the magnitude of the decreases in renal hemodynamics and excretion of sodium and water with venous congestion of the lower extremities in a normal subject.

data suggest that the unusual decrease in water excretion during venous congestion results primarily from the release of ADH.

It was of considerable importance to attempt to determine *what* and *where* the stimuli

may be that evoke these renal responses which occur after phlebotomy or venous congestion of the extremities. Cardiohemodynamic studies in normal and compensated hypertensive subjects indicate that congesting the limbs usually decreases the cardiac output without consistently causing measurable changes in systemic and pulmonary arterial or right ventricular end-diastolic pressures.<sup>18</sup> Furthermore, any decrease in cardiac output during this procedure usually appears to indicate a reduction in effective circulating blood volume, which, if it were not counteracted by vasoconstriction, would result in definite arterial hypotension. In experiments designed to counteract the reduction in effective circulating blood volume and cardiac output, such as the simultaneous administration of large whole blood transfusions during venous congestion of the limbs, cardiovascular and renal responses are blocked so that retention of sodium and water

Figure 2. Observe that a patient with diabetes insipidus with the application of venous congesting tourniquets on the limbs exhibits no antidiuresis but a definite reduction in the excretion of sodium with a rise in urinary sodium concentration.





does not occur (Figure 3).<sup>19</sup> Therefore, the hypothesis was advanced that secretion of ADH and presumably salt-retaining hormone(s) by the adrenal cortex secondary to the stimulus of venous congestion of the limbs indicates the operation of compensatory renal mechanisms in the maintenance of an adequate cardiac output in response to a suboptimal effective circulating blood volume.

To test the validity of this hypothesis, the study was extended to cardiac patients with congestive heart failure.<sup>20</sup> It was found that those who have a definite reduction in excretion of water and sodium (like normal subjects) usually, but not invariably, have decreases in cardiac output, arterial pressure, or both during venous congestion of the limbs or phlebotomy. In sharp contrast, cardiac patients who have no change or an increase in water and sodium excretion have either no significant change or an increase in cardiac output and arterial pressure (Figure 4).

The explanation that a suboptimal hypovolemic hypokinetic state of the circulation and a redistribution of blood from the arterial to the venous system are the effective stimuli for renal retention of water and sodium is also compatible with the observation that closing a large, long established arteriovenous (AV) shunt usually causes an increase in sodium and water excretion, whereas opening a new AV shunt in dogs generally causes a decrease in water and salt excretion.<sup>21</sup> In the shunt-opening experiments, the changes in cardiac output and intravascular pressures are just the opposite to, whereas the changes in arterial pressure and sodium excretion are similar to, those found in hypovolemic experiments<sup>22</sup> and have been related to an alteration in the distribution of the effective circulating blood volume in the vascular tree.

CARDIOVASCULAR AND RENAL EFFECTS OF EXERCISE

Exercise in the upright position results in the retention of salt and water in normal subjects<sup>23-27</sup> and in patients with congestive heart failure.<sup>10</sup> The mechanisms which set off these antidiuretic and antisaluretic re-

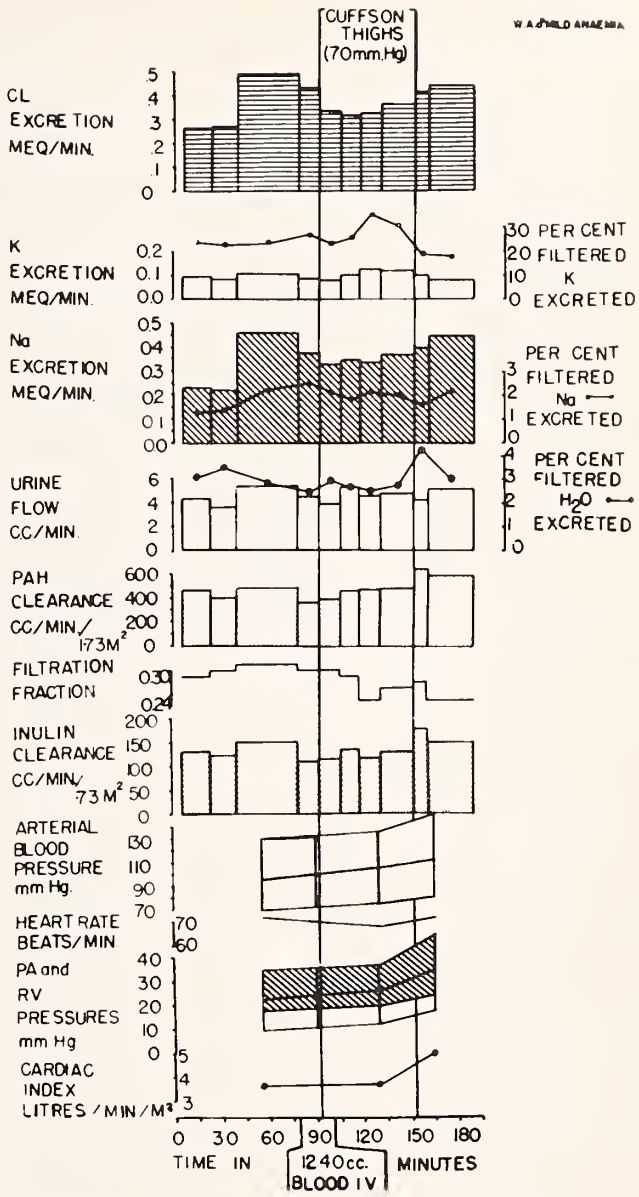


Figure 3. Observe in a normal subject that a rapid blood infusion given concurrently during venous congestion of the extremities blocks the characteristic reductions in renal clearance measurements and excretion of water and sodium.

sponses are not definitely known. However, because exercise is a common stressful procedure and results in the renal retention of water and sodium, as in cardiac failure, simultaneous measurements of the cardiovascular and renal functions to assess their influence on this response seemed indicated in normal subjects and in patients with congestive failure. Merrill and Cargill<sup>28</sup> have found that the reduction in RBF and GFR during exercise (in the supine position) is greater in patients with congestive failure than in

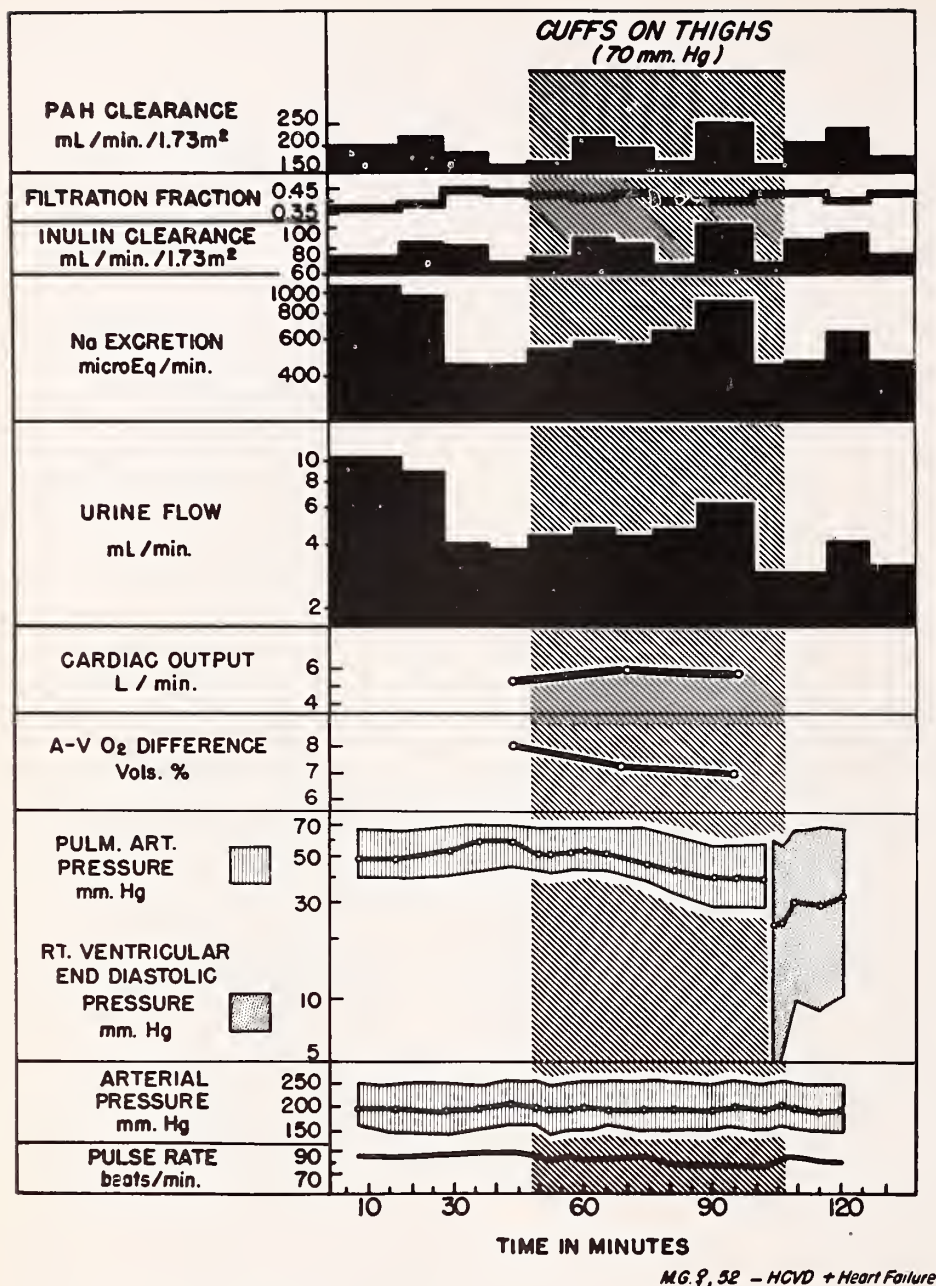


Figure 4. Observe that venous congestion of the limbs in a patient with congestive heart failure produces a slight rise in cardiac output with no consistent or significant reductions in renal clearances or in the excretion of sodium and water.

suggest that the greater tubular reabsorption of sodium and water and the larger decreases in GFR and RPF in patients exercising in the upright position are for the most part related to posture itself.

Studies of the renal functional responses to exercise (supine position) in cardiac patients show significant reductions in RPF, GFR, and excretion of sodium (Figure 6).<sup>12</sup> In the recovery phase (following exercise), there is a more rapid return of PAH and inulin clear-

ances than of sodium and water excretion to pre-exercise control values. This persistent decrease in sodium excretion following exercise usually appears to be independent of changes in GFR and is attributed to increased renal tubular reabsorption. The degree and duration of depression of RBF and GFR during and following exercise cannot be related to the degree and duration of changes in cardiovascular function (cardiac output, intracardiac and renal venous pressures). There also appears to be no correlation between the variation in sodium excretion and the various responses.

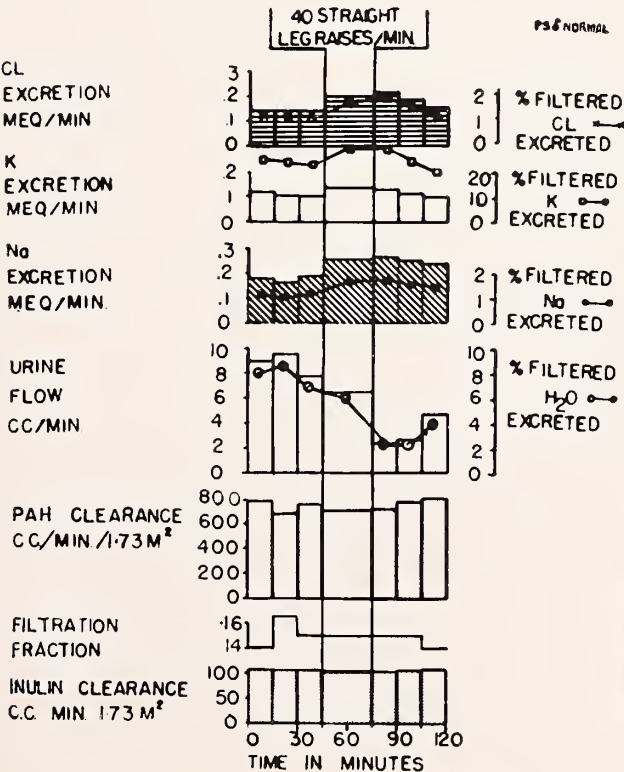
normal subjects. This greater decrease in renal circulation has been considered to be related to an inadequate cardiac output in the cardiac patients during exercise. In normal subjects exercising in the supine position for one-half hour by alternate straight leg-raising (resulting in a three- to nine-fold increase in oxygen consumption), there is usually a significant reduction in RBF and only a slight or no decrease in GFR and sodium excretion (Figure 5).<sup>29</sup> These studies suggest that, although exercise may cause a decrease in RBF and, to a lesser degree, GFR, exercise per se does not cause a persistent reduction in sodium and water excretion in normal healthy subjects. They also

Renal responses to exercise in the supine position in compensated hypertensive pa-



tients have also been studied (Figure 7).<sup>30</sup> Similar to normal subjects, but unlike decompensated cardiac patients, compensated hypertensives, including those who have had splanchnicectomy, have only slight reductions in RBF and GFR during exercise and a rapid recovery of these functions following exercise. Unlike normal subjects but like patients in congestive failure, compensated hypertensive patients have definite reductions in the excretion of sodium and water during exercise which usually persists through the recovery period. One adrenalectomized hypertensive patient, like normotensive individuals, did not have a significant reduction in sodium and water excretion during or following exercise. These studies suggest that the renal responses in hypertensive patients may be mediated through the adrenal gland but not the splanchnic sympathetic nervous system. The abnormal decrease in sodium and water excretion cannot be related to control level of arterial pressure nor can it be

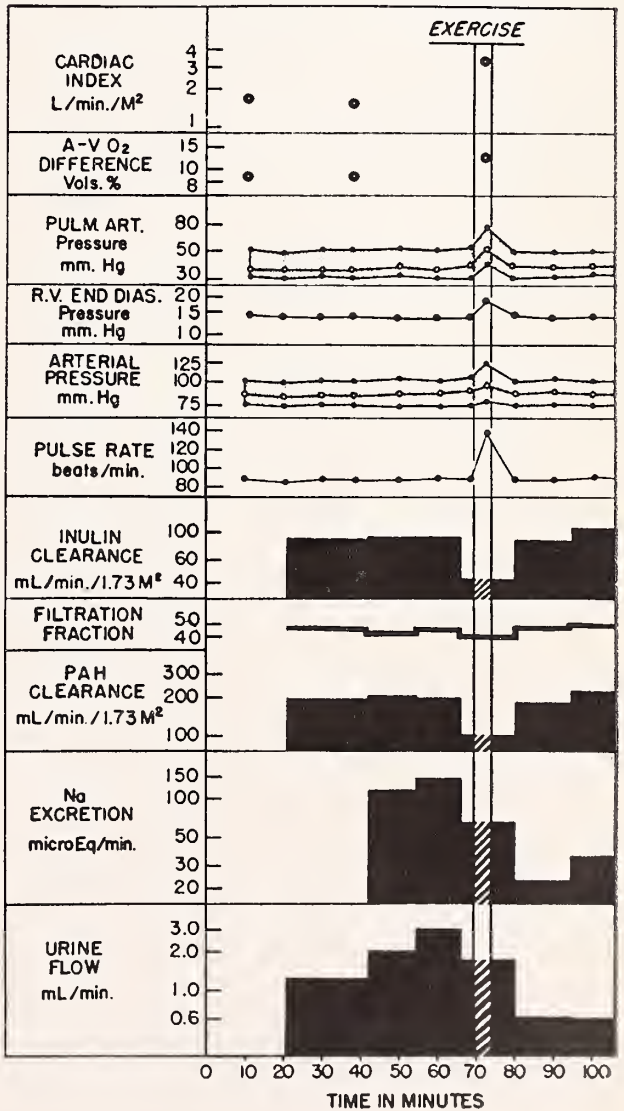
Figure 5. Observe that exercise in the supine position in normal subjects does not alter greatly the renal hemodynamics or the excretion of water and sodium.



corrected by lowering the blood pressure with chronic antihypertensive drugs.

Similarly, a study of the effects of mitral commissurotomy on cardiovascular and renal function at rest and during exercise has shown that, in these patients, operation produces varying degrees of improvement in these functions.<sup>31</sup> This improvement in cardiovascular function is associated, in some patients, with increases in RBF, GFR, and ability to excrete salt and water during and after exercise. However, postoperative increases in renal excretion of salt and water cannot be consistently correlated with any

Figure 6. Note that exercise in the supine position in a patient with congestive heart failure is associated with definite decreases in renal plasma flow and the glomerular filtration rate and more marked and persistent reductions in the excretion of sodium and water.



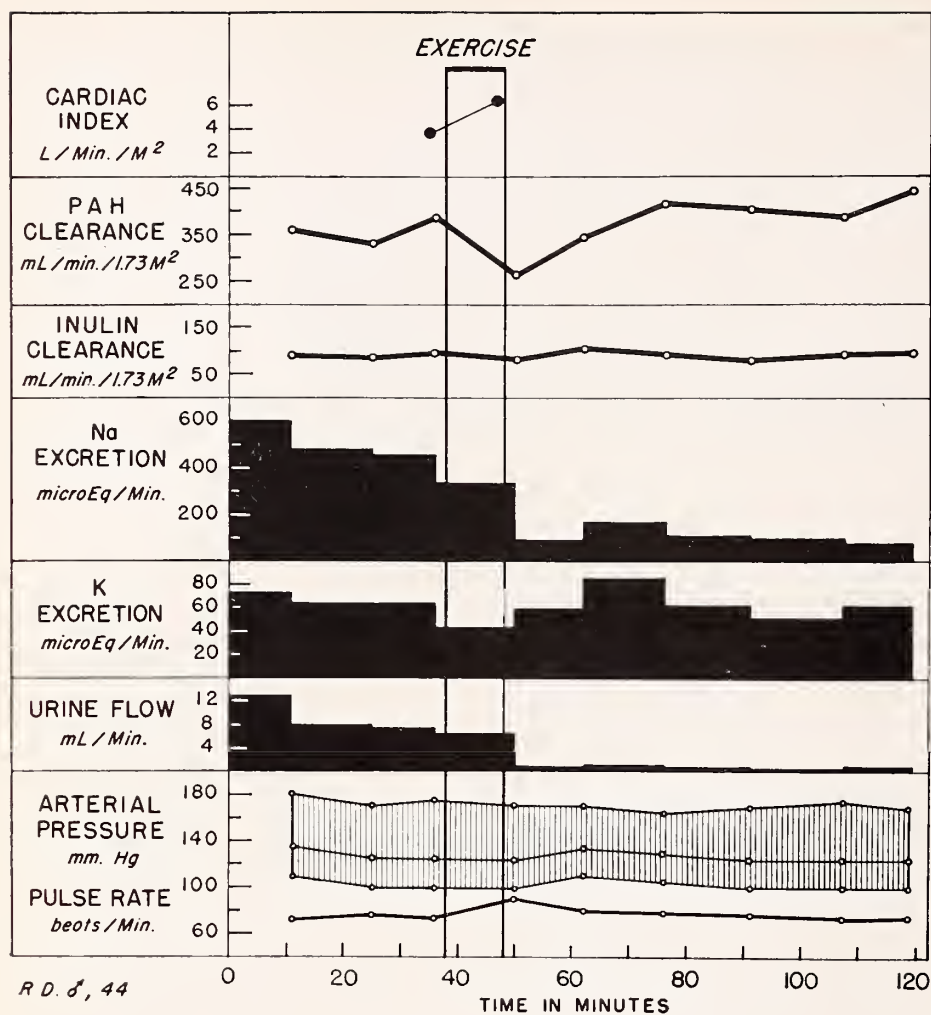


Figure 7. Note that a patient with essential hypertension during exercise in the supine position exhibits transient reduction in renal plasma flow but a more prolonged fall in the excretion of urine and sodium.

specific change in cardiovascular or renal function or both.

### CARDIOVASCULAR AND RENAL EFFECTS OF SODIUM LOADING

Patients with right-sided heart failure usually have peripheral edema on the basis of renal retention of sodium and water. Although this retention may occur in left-sided heart failure, there are very few studies concerning the ability of patients with severe heart failure (without peripheral edema) to excrete sodium. In experimental studies with acute sodium loading in cardiac patients with pulmonary congestion (but with little or no evidence of right-sided heart failure), the majority of them were shown to excrete sodium normally.<sup>11</sup> When these patients were placed on a moderately high dietary intake of sodium, salt and water retention were likewise not necessarily observed. A number of the cardiac patients who tolerated a mod-

erately high salt diet without developing edema had many hemodynamic as well as clinical alterations considered to be indicative of severe cardiac insufficiency. In this study, all of them had pulmonary hypertension, reduced cardiac output, and a reduction in RBF and GFR. Significantly, in all of these patients without peripheral edema, the right ventricular end-diastolic pressure was below 15 mm. Hg. In all the patients with diminished excretion of sodium, elevation of the right ventricular end-diastolic pressure above 15 mm. Hg was observed.

These latter observations indicated that the critical level of right ventricular end-diastolic pressure (central venous pressure) appears to be the most important determinant in the production of renal retention of salt and water in congestive heart failure. On the basis of these experimental observations, however, reductions in cardiac output and GFR cannot be ruled out as contributing fac-



tors in the genesis of renal retention of sodium and water.

## SUMMARY

Impairment of sodium and water excretion by the kidney in congestive heart failure may be the consequence of many interrelated disturbances, namely, venous hypertension, reduced cardiac output, depressed GFR, inadequate circulating blood volume, and altered secretion of the endocrine glands with their effects on renal tubular function. Acute experimental observations suggest that sub-optimal hypovolemic hypokinetic state of the circulation and redistribution of blood from the arterial to the venous system may represent important stimuli for the renal retention of water and sodium in congestive heart failure.

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# The Surgical Management of Benign Lesions of the Large Bowel

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**A**MONG THE BENIGN conditions of the colon for which surgical treatment is or may be required are: solitary polyps, multiple polyposis, fecal fistulae, tuberculosis, and benign tumors (e.g. submucosal lipomas and neurofibromas), as well as ileocolitis, ulcerative colitis, and diverticulitis. Today chronic ulcerative colitis and diverticulitis constitute the majority of cases for which major resections are required. The proper management of such cases concerns both internists and surgeons, and when operative treatment is indicated there are still divergent opinions regarding the best technical methods.

## CHRONIC ULCERATIVE COLITIS

In chronic ulcerative colitis, surgical intervention is required for complications of the disease and in those intractable cases in which all types of medical regimens have failed. The incidence of cases requiring operative treatment is estimated to be 15-20% at the Cleveland Clinic by Crile,<sup>1</sup> 25% at the Roosevelt Hospital in New York by Cave,<sup>2</sup> and 25% at the Gordon Hospital in London by A. Lawrence Abel.<sup>3</sup> Cattell<sup>4-5</sup> observed that at the Lahey Clinic, cases treated surgically had increased from approximately 25% of all cases 25 years ago to 47% at the present time. His observations were based on the records of 871 patients with ulcerative colitis treated in the period 1928 to 1952 in-

clusive. He noted that the proportion of patients operated upon increased year by year in a long-term follow-up study. The complications requiring surgical treatment may consist of general or systemic manifestations, or local lesions relating to the colon or rectum; often the two types are combined. The general or systemic complications include arthritis, pyoderma gangrenosa, uveitis, anemia, malnutrition, hypoproteinemia, cirrhosis, and kidney stones. Among the local complications are fistulae, pseudopolyposis, perforation, hemorrhage, stricture, and carcinoma.

## ILEOSTOMY ALONE

In the evolution of surgical methods, the oldest of the definitive procedures now in use is terminal ileostomy, whereby the distal ileum is completely transected through normal tissue, the proximal end exteriorized, and the colon thus completely excluded from the fecal stream. Thus the colon is put at rest, permitting the inflammatory process to subside and allowing healing of the ulcerative lesions. Theoretically, after the process has subsided the restoration of intestinal continuity should be feasible. Actually, the number of patients in whom the colon becomes normal, as indicated by the barium enema and sigmoidoscopic findings, is disappointingly small; hence reestablishment of intestinal continuity is rarely possible. Accordingly the apothegm "once an ileostomy always an ileostomy" has evolved. While improvement usually occurs after ileostomy, in the average case, the inflammatory process does not entirely disappear and any attempt

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at re-establishment of continuity results in recurrence of the disease. Moreover, these patients are weakened through persistent chronic sepsis, and ulceration with continued blood loss. In a small number of cases the condition gradually becomes worse and may lead to death, unless colectomy is performed. At the present time, therefore, ileostomy must be regarded as the first stage of a multistage procedure which will ultimately involve colectomy. Ileostomy alone is indicated as the primary procedure for seriously ill patients, especially those with the acute fulminating form of disease, for whom a more extensive operation would be hazardous. A few surgeons, e.g. McKittrick<sup>6</sup> and Stone<sup>7</sup>, prefer in nearly all cases to limit the initial surgical procedure to ileostomy only. Further operative treatment is delayed until the results obtained from the ileostomy are determined. If after a period of such exclusion the colon and rectum continue to exhibit active disease they must then be eliminated. These authors believe that when this method is used an occasional patient may exhibit return of the bowel to normal and intestinal continuity can be reestablished. Also they contend that in certain other cases where restoration is not possible, no harm comes from leaving in situ the colon and rectum, provided active inflammation is not present. The patients are thus spared an extensive and mutilating operation when they are least able to withstand it, and with young male patients the possibility of sexual impotence is avoided. Cattell believed that ileostomy alone should be performed in any patient who is not a good surgical risk. He emphasized, however, the need for colectomy and proctectomy at a later stage. Two-thirds of his patients were operated on in three stages: (1) ileostomy, (2) subtotal colectomy, and (3) abdomino-perineal resection of the rectum. Cattell emphasized the desirability of having a well-functioning ileostomy before colectomy is performed. R. S. Corbett<sup>8</sup> also emphasized that since the rectum can improve through rest alone, ileostomy should be recommended at first in the hope that the rectum might be conserved.

## COMBINED ILEOSTOMY AND SUBTOTAL COLECTOMY

The present tendency among most surgeons, notably Cave, Crile, and Miller,<sup>9</sup> is to combine ileostomy with partial or subtotal colectomy. The reason for this procedure is that reversibility of the disease process in the colon occurs so rarely that closure of the ileostomy and reestablishment of continuity are rarely possible. Moreover, since colectomy will probably be required at a later date, if subtotal colectomy can be performed at the time of ileostomy, the patient is spared one major operative procedure; the colectomy is technically easier than it is after ileostomy, and the postoperative convalescence is more satisfactory, probably because of the elimination of the infected and often seminecrotic bowel. The resection is carried down to the distal sigmoid, but the rectal segment is allowed to remain, the upper end being closed and implanted extraperitoneally, but subcutaneously in the abdominal wall. The small distal segment can be checked frequently by sigmoidoscopic examination. If sufficient improvement occurs, an anastomosis of the distal ileum to the rectum can be performed, or if hopeless destruction of the rectum by the disease becomes evident this segment can be removed by abdomino-perineal resection. Under the latter circumstances removal of the rectum is clearly indicated, since the danger of the development of cancer in such a diseased excluded rectum becomes a real threat. Hence the completed surgical procedure will usually involve permanent ileostomy, total colectomy, and proctectomy, performed in three or at present more frequently in two stages.

## PANCOLECTOMY

The term pancolectomy has been used by Ravitch<sup>10</sup> to denote an operative procedure in which ileostomy, total colectomy, and proctectomy are performed at a single session. Ravitch reported 18 such operations from the Johns Hopkins Hospital and the Mt. Sinai Hospital of New York. There was one death due to cardiac arrest which occurred at the time of a secondary laparotomy for intestinal obstruction. Goligher<sup>11</sup> favored pancolectomy and reported the experience at the St.



Mark's Hospital in London where among 61 such procedures there were 5 operative deaths, or a mortality rate of 8.2%. Bacon<sup>12</sup> recently reported a group of 28 cases in which a one-stage operation combining ileostomy, total colectomy, and proctectomy was performed. There was one operative death, or a mortality of 3.5%. Since 1952 Bacon has preferred the single-stage procedure.

C. W. Mayo<sup>13</sup> studied 45 cases in which subtotal colectomy had been performed and a rectal segment allowed to remain for more than 90 days. In most instances restoration of continuity was not possible, or if attempted was unsuccessful. He concluded therefore that if at the time of subtotal colectomy the rectum is not suitable for an anastomosis, the probability is great that it never will be, and accordingly he felt that it should be removed at the original session. He and Fallis<sup>14</sup> have devised techniques whereby a complete or almost complete pancolectomy can be performed by way of an abdominal approach.

#### **PRIMARY OR SECONDARY RESTORATION OF INTESTINAL CONTINUITY**

Corbett reported a series of 12 patients in whom anastomosis of the ileum (usually following a period of ileostomy drainage) to the rectum was successfully accomplished. In a limited follow-up appraisal, 8 patients were well, 2 showed relapses and 1 died three months postoperatively of volvulus of the small intestine; the twelfth case was too recent for evaluation. He observed that in many instances the rectum was not as badly damaged as the remainder of the colon and that it frequently improved considerably after being defunctioned by the ileostomy. Definite contraindications to this anastomotic procedure are local complications such as perirectal abscesses or fistulae and stricture.

Aylett<sup>15</sup> related his experience with approximately 50 cases of diffuse ulcerative colitis in which the rectum had been retained and anastomosis of the ileum to the middle third of the rectum performed either as a primary or a secondary procedure. He contended that before fibrosis occurs in the rectum the disease process is reversible. He stated that none of

his patients had more than 8 bowel movements during 24 hours and 3 movements was the average.

Ravitch<sup>16</sup> has devised an ingenious technique for anal ileostomy whereby an almost total removal of the colon and rectum is performed intraabdominally, and the distal ileum is then drawn through the small remaining rectal segment from which the mucous membrane has been excised without altering the intrinsic and extrinsic musculature. He believed that this procedure had particular merit in nearly all cases of multiple polyposis and in a limited number of cases of ulcerative colitis.

Most surgeons, e.g. Cattell, Gabriel, Cave, and Dennis<sup>17</sup>, however, believed that any anastomosis involving a diseased rectum is unwise, since a flare-up of the disease at a later date is the rule. Also, there is the ever-present danger of cancer developing in this diseased segment even though it is functioning again. Thus in the opinion of the majority of surgeons with large experience in this field the only place for an ileo-rectal anastomosis is in the segmental forms of colitis in which the rectum has always remained entirely free from involvement.

#### **CHRONIC ULCERATIVE COLITIS AND CARCINOMA**

There is now ample evidence that carcinoma of the large bowel frequently occurs in cases of long-standing ulcerative colitis and may occur in a colon or rectum defunctioned by an ileostomy. In such instances the carcinoma appears to develop in patients younger than average, and the lesion grows rapidly, metastasizes widely, and has a poor prognosis. Lyons<sup>18</sup> and Garlock reported the incidence of malignant lesions of the bowel in 226 cases of surgically treated ulcerative colitis as 3.9%. In patients who had had ulcerative colitis for over 12 years the incidence was 26%. There were 16 patients with carcinoma of the rectum in this series, in whom the ulcerative colitis had been present for more than 12 years, and in this group 7 or 43% developed carcinoma.

Goligher reported a series of 73 patients with ulcerative colitis treated by colectomy

and proctectomy. There were 6 cases of carcinoma or an incidence of 8.2%. Fifty-six patients in the group had a history of colitis for less than 10 years and here there were two cases of carcinoma or an incidence of 3.6%. On the other hand among 17 patients with a history of colitis for over 10 years there were 4 cases of carcinoma or 23.2%.

Cattell stated that the incidence of carcinoma is probably under 3% when all cases of ulcerative colitis are considered, but in the cases in which operation is performed it ranges from 5 to 12%. In a study of surgical specimens from 53 patients with ulcerative colitis, reported by French and Vander<sup>19</sup> from the University of Michigan Hospital, microscopic examination revealed carcinomatous change in 2 cases or 3.8%. Both of these patients had had chronic ulcerative colitis for over 10 years.

Of the 53 aforementioned patients treated surgically at the University Hospital and studied by French and Vander, follow-up data on 40 patients living for more than 3 years after operation were obtained. These authors summarized the results as shown in the following table:

CONDITION OF PATIENTS LIVING WITH ULCERATIVE COLITIS			
	Ileostomy	Colostomy	Neither
Excellent	14—82.3%	0—0%	3—17.7%
Fair	14—70.0%	1—5%	5—25.0%
Poor	2—66.7%	0—0%	1—33.3%

(reproduced from the American Journal of Roentgenology, Radium Therapy and Nuclear Medicine, December, 1955.)

Nine patients were known to have died. The cause of death in one who died five years post-operatively was not ascertained. Two died of peritonitis during the postoperative period, one died of intestinal obstruction two years later; three late deaths were found to be due to colitis, carcinoma of the ovary, and acute yellow atrophy of the liver.

DIVERTICULITIS OF THE COLON

Diverticulitis of the large bowel which requires surgical treatment usually occurs in the sigmoid and left colon. It has been generally agreed that surgical intervention is required for the complications of the disease,

e.g., perforation with abscess, peritonitis, internal or external fistula, as well as for obstruction or hemorrhage, and in a considerable number of cases because of the impossibility of distinguishing an inflammatory lesion of the sigmoid from a neoplastic one. After 1941, when Smithwick<sup>20</sup> pointed out the inadequacy of any procedure not involving resection of the diseased area of the colon, sigmoid resection in one, two, or more frequently three stages became common practice. At the present time, with better pre- and postoperative care and with improvements in surgical techniques, resection has become a relatively safe surgical procedure that frequently can be carried out in a single stage. Hence, in view of the increasing frequency of the disease accompanying the increased longevity of the human race, resection is indicated not only for the serious complications of diverticulitis, but often for those cases intractable to medical treatment, in order to afford relief of the recurring symptoms and to prevent the development of complications.

Experience at the University Hospital<sup>21-22</sup> has shown that one of every seven patients who undergo barium enema examinations have diverticulosis, diverticulitis, or diverticulitis with complications. Most of the patients exhibiting diverticula of the colon are above 40 years of age. In the five-year period 1951-56, 26 definitive resections for diverticulitis without associated carcinoma were performed. The operations were of the following types: One-stage resection, 12; three-stage resection, 8; partial or subtotal colectomy with ileosigmoidostomy, 4; and two-stage resection, 2. There were no obstructive resections and no abdomino-perineal resections in this group.

The most conservative procedure, i.e. the three-stage resection, was employed in 8 cases. This operation consists of preliminary transverse colostomy usually established in the right upper quadrant of the abdomen, with subsequent resection of the diseased segment of the bowel with end-to-end suture anastomosis at an appropriate time. The third and final stage is the closure of the colostomy. The indications for operation in this group of patients were: perforation with pelvic abscess, 3; perforation with general peritonitis, 2; diverticulitis with recent perforation, 1; acute



diverticulitis with bladder fistula, 1; and probable bladder fistula, 1. The improvement after the preliminary colostomy is often remarkable. The interval between colostomy and resection must be determined for the individual patient, but with intensive treatment it is now a matter of weeks rather than months, as was formerly the case. The colostomy closure is usually carried out about one month after the resection and anastomosis, provided that roentgen studies show an intact anastomosis without evidence of leakage or stricture. While the single-stage procedure is feasible in many more cases than formerly, the three-stage operation still occupies an important place in cases of perforation with abscess, peritonitis, or fistula.

The one-stage procedure is used mostly in patients with recurring bouts of diverticulitis or with other clinical manifestations but without complications. Since surgical treatment is being advised more frequently in such cases, one-stage operations will become more frequent in the future. Other cases suitable for a one-stage resection are those in which hemorrhage is the chief indication for operation and those in which roentgen findings and clinical manifestations suggest neoplasm. In the aforementioned 26 cases in which definitive operative procedures were performed, a one-stage operation was elected for 12. The indications for surgical treatment in those 12 cases were: recurring bouts of diverticulitis, 9; subacute perforation, 1; bladder fistula, 1; and probable carcinoma of the sigmoid, 1. These data are in contrast to those reported from an earlier series in this hospital, in which three-stage operations were performed in 17 of 38 cases and the one-stage operation in 14 of 38 cases.

Partial or subtotal colectomy with ileosigmoidostomy was utilized in only 4 cases. A procedure as radical as this is rarely indicated in diverticulitis, but in certain instances it may be advisable for massive hemorrhage when localization of the source of bleeding is impossible, or again when radiologic studies show very extensive involvement of the entire colon by diverticula which are causing definite clinical symptoms.

Hemorrhage occurs in only a small fraction of the cases; it was noted in 17% of our cases

of resection. The bleeding is usually not serious and is sporadic in character and accompanied by other symptoms, although occasionally it may assume alarming proportions. When bleeding occurs frequently and is persistent, and when it is the dominant or only symptom, the presence of carcinoma should be suspected and operative intervention advised.

Bladder fistula, characterized as it is by pneumaturia and other symptoms of bladder irritation, is usually not difficult to recognize. In our hospital this complication of diverticulitis has usually been regarded as an indication for a three-stage operative procedure. The repair of the fistula involved no particular problems, since between the time of the defunctioning colostomy and the resection of the sigmoid the fistula either had become a very tiny opening that could be closed easily, or else it had completely closed.

In a considerable group of cases roentgen evidence of narrowing in the sigmoid area or of other deformity may make exact diagnosis difficult, and since carcinoma cannot be excluded an early operation is mandatory. The complications of obstruction, hemorrhage, and perforation may all occur in carcinoma of the sigmoid; accordingly, the differential diagnosis may be difficult or even impossible and in such cases early laparotomy is indicated.

The segmental resections performed in the past have usually involved only the diseased segment of the sigmoid, and often segments of scarcely 10, 12, or 15 cc were removed. It is now evident that formerly the segments excised were inadequate and proximal diverticula were allowed to remain. These were capable of causing symptoms in the form of persistent or recurrent diverticulitis and also of perforation. The policy at present is to resect longer segments of sigmoid, or of sigmoid and descending colon, and not infrequently left hemicolectomy with anastomosis of the distal transverse colon to the upper rectum becomes the best procedure. Experience has shown that it is not necessary to extend the scope of the operation sufficiently to remove all of the scattered diverticula, particularly

when these are located in the right or proximal transverse colon.

## CARCINOMA OF THE COLON ASSOCIATED WITH DIVERTICULITIS

As mentioned above, diverticulitis of the sigmoid may be confused with carcinoma. Since diverticulitis of the colon which produces symptoms and is responsible for complications almost always occurs in the sigmoid area, and since this is the segment of the colon in which carcinoma most often is found, it is not surprising that this difficulty in differential diagnosis should occur. Moreover, the complications of obstruction, perforation, and hemorrhage may occur with either lesion. A particularly vexing problem is the association of carcinoma with diverticulosis or diverticulitis. The diverticular disease may be obvious from roentgen studies, but it may obscure the diagnosis of neoplasm or malignant polyp in this area by all of the ordinary studies. An established diagnosis of diverticulitis, along with the characteristically long history of the disease, may effectively overshadow the manifestations of a concomitant neoplasm which is of more recent origin. Unlike the problem in chronic ulcerative colitis, diverticulitis is not regarded as a precursor of malignant change, and the association of the two lesions is for the most part accidental. However, it is reasonable to suppose that the unhealthy ulcerated and infected mucosa of the bowel is more prone to malignant change than is normal epithelium. Moreover, apart from the diagnostic difficulties mentioned and the likelihood of overlooking an associated neoplasm, the factor of chronic inflammation and increased blood supply would tend to accelerate the growth of a neoplasm; hence in such cases the prognosis is not good. Rauch<sup>23</sup> secured data on 112 cases of associated diverticulitis and carcinoma of the colon from several different clinics. In analyzing this material he found that the prognosis in patients with the two diseases is considerably poorer than in patients with carcinoma alone.

## SUMMARY

In chronic ulcerative colitis surgical intervention is required for either general or local

complications of the disease and in those intractable cases in which all types of medical regimens have failed. Experience in the larger surgical centers show that 25% or more of all cases of ulcerative colitis seen will require surgical treatment. Ileostomy alone has for the most part been abandoned and ileostomy combined with subtotal colectomy and later proctectomy accepted as the best form of surgical treatment. If the rectum is retained it is improbable that it will be useful for an anastomosis in the future. There is convincing evidence that the incidence of superimposed carcinoma increases with the duration of the colitis.

In the past, surgical treatment in diverticulitis of the sigmoid has been employed chiefly for the complications, e.g. perforation, obstruction or fistula. The trend at present is to perform resection also in patients with recurring or persistent symptoms, significant hemorrhage and in those in whom any possibility of neoplasm arises. A one-stage resection is possible in a considerable number of cases, but the three-stage procedure must occasionally be performed. Resection of longer segments of the distal colon than were formerly thought necessary, or even left hemicolectomy, are advised. Extreme care must be taken not to overlook carcinoma of the sigmoid when associated with diverticulosis or diverticulitis.

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## THE DOCTOR STRIVES FOR BALANCE

Striving to achieve the proper balance is a never-ending struggle, but I think it is especially difficult for the young physician in his early years of practice. Sometimes, in trying to solve this problem, a doctor may overcompensate—he may seem too cool and impersonal. Actually, in most cases, that is not his real intention—he is simply fighting against these things that go on in a doctor's heart.

In my own experience—and I think most doctors would agree—the most difficult decisions have not been on the scientific side of medicine—such questions as what to do in an emergency . . . whether or not to operate . . . what medicine or drugs to give a patient. These decisions are to a great extent pre-determined by the physician's training and experience. His most agonizing decisions lie in the field of human relations.

Last year, in a little town in Oklahoma, a 33-year-old physician died of leukemia. As part of his legacy to his children, this fine doctor left behind a tape recorded journal of his thoughts on medicine in those last days of his life. Among the things he told his son—who he hoped would be a doctor like himself—were these:

“There will be times when you are filled with great happiness in medicine, but there are times when all the depths of hell would not come close to touching your soul. You will be blessed or cursed with an insight which few persons receive—the knowledge of length of life, of when and why . . . and worse, how . . . a person will die: painless or painful, fearless or fearful, weak or strong. Knowing these facts, you will have to decide how to tell a person or his family what is coming. Have you got the guts to do it? If not, get out now.”

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Business Manager: James A. Waggener, 1019 Hume Mansur Building, Indianapolis 4, Indiana.

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## PUBLIC HEALTH ASSOCIATION LOOKS TO THE FUTURE

**N**EW AND CHANGING health problems will be the subject of a long-range technical development program now being started by the American Public Health Association.

The nuclear age has developed some of its own problems. These, as well as some old public health problems, the nature of which has been changed by a changing society, and for which new solutions may be available from new technology, will be intensively studied.

The purpose is "to provide leadership, stimulation and guidance to governmental and voluntary agencies in facing health problems of the nuclear age".

The field of inquiry will be divided initially into eight areas: radiological health, accident prevention, mental health, chronic disease and rehabilitation, child health, environmental health, medical care administration and public health administration.

A committee of experts in each area will develop policy statements, write operating

manuals, conduct field studies, surveys and demonstrations, and consult with state and local health authorities and agencies.

The program will be coordinated by a technical development board, the chairman of which is Dr. Martha M. Eliot, professor of maternal and child health at the Harvard School of Public Health.

Blucher A. Poole, state sanitary engineer, Indiana State Board of Health, is one of the members of the development board, along with four other authorities.

The program was recommended by a task force of outstanding public health authorities. Their report noted that public health has three broad areas of responsibility: promotion of personal and community health, maintenance of a healthy environment, and an aggressive attack on disease and disability.

Objectives of the study are to increase the competence of individuals, families and communities to cope with their own health problems, to develop safe environment, and to



develop adequate recreational space and facilities. Other problems to be attacked are air pollution, and the newly created dangers inherent in new chemicals and industrial processes. The major unsolved problems such as cardiovascular diseases, mental diseases, cancer and alcoholism will be the subject of

investigation by preventive medicine experts.

The Rockefeller Foundation has made a large grant to help finance the new activities. It is expected that the developmental period of the program will extend over a three-year period.

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## WHAT IS AN OPHTHALMOLOGIST?

**T**HE NATIONAL Medical Foundation for Eye Care was established last year to create a better public understanding of the professional and scientific standard for good eye care. The foundation has recently published a small pamphlet entitled "What is an Ophthalmologist?" The text, which is reproduced below, contains definitions of an ophthalmologist, an optician and an optometrist. Ophthalmologists have utilized the pamphlet extensively in informing their patients as to standards in eye care. All physicians may obtain copies of the pamphlet by addressing the Foundation at 250 W. 57th St., New York 19.

**An Ophthalmologist** is a physician—a doctor of medicine—who specializes in the care of the eye and all the related structures. He diagnoses and treats defects of focus, disorders of function, and all other diseases of the eye, prescribing whatever is required, including glasses. He is often concerned, as a consultant member of the medical team, with diseases of other systems of the body or general diseases which manifest themselves in the eyes—diabetes, toxemia of pregnancy, cancer, multiple sclerosis, tuberculosis and other infections, hypertension, muscular dystrophy and heart disease, among others. Ophthalmology is a branch of medicine and the ophthalmologist is an eye physician and usually also an eye surgeon.

An ophthalmologist has first completed the full course of medical studies, received the degree of M.D., served an internship in general medi-

cine and surgery in an approved hospital, and has then taken special training in ophthalmology. Like the family physician, the ophthalmologist and all other medical specialists are licensed to practice all branches of medicine and surgery. *Oculist* is a less commonly used name for ophthalmologist.

**An Optician** is a skilled technician, auxiliary to medicine, who supplies and fits glasses on the prescription of a physician. He is trained to make the necessary facial measurements; to formulate the specifications necessary, and to make the glasses or other appliances; and to adapt them to the patient, placing them properly in relation to the eyes. He supplies glasses or other appliances only on the doctor's authorization.

**An Optometrist** is a licensed person who has met certain legal and educational requirements and is permitted by the state to engage in the practice of optometry. He is not a physician or doctor of medicine. The word *optometry* comes from two Greek words—*opto*, meaning "eye", and *meter*, "measure". The optometrist measures the focus of the eye for glasses. He is not qualified or permitted to use drugs for these tests or for any other purpose. He is not qualified or permitted to diagnose or to treat ocular disease. He may supply glasses on his own prescription. In most states he is also permitted, like the optician, to fill the ophthalmologist's prescription for glasses. By law he is a limited practitioner.

## CRADLED ON A MOUNTAINTOP

**“W**E ARE PLEASED to report to you again that retrolental fibroplasia—the disease that has blinded almost one thousand infants in New York state during the past nineteen years—continues to be controlled. As in 1955, only three cases were reported during 1956 of babies born during 1956.”

The above dramatic announcement documents one of the great achievements of medicine. As a part of a report from The Commission for the Blind of the New York State Department of Social Welfare it gives evidence that a most distressing complication of prematurity can be and is being controlled.

Retrolental fibroplasia is a disease associated almost entirely with premature infants. As the modern care of prematurity was improved, and as more and more immature babies were resuscitated and nursed to childhood, retrolental fibroplasia and blindness increased. Careful research into this problem produced the hypothesis that the changes were due to prolonged exposure of premature infants to high concentrations of oxygen.

A fetus in utero develops normally with a

much lower oxygen supply than is normally required by a baby after a full-term birth or by an adult. The oxygen tension in the fetal circulation prior to delivery is approximately the same as would result in an adult breathing the oxygen-poor air on top of Mount Everest.

It is believed that, in the case of premature infants who require an oxygen-rich atmosphere for treatment of respiratory conditions, the developing tissues in the posterior portion of the eye are vascularized abnormally due to high oxygen tension, and that this tissue is subsequently organized by fibrous tissue and becomes non-transparent.

In recent years it has become customary to administer oxygen to infants and especially premature ones, only when absolutely necessary, and then in as low concentration as possible, and for as short a time as possible.

The results of these precautionary measures are now becoming known. It is now evident that the control procedures which were recommended a few years ago are effective, and another story of the conquest of a crippling disease is added to medical annals.

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### SOCIAL SECURITY SAYS:

SOCIAL SECURITY SAYS: “A wife or widow under 62 or the divorced wife of an insured person may receive payments only while she has in her care a child (under 18 years of age) who is entitled to monthly payments.”

In Other Words: Many widows who married in their 20's and lost their husbands in their 40's, would not receive any survivors' benefits until they reached age 62 because their children would be 18 or older.

---

SOCIAL SECURITY SAYS: “People are taxed only once for Social Security.”

In Other Words: The employer who must pay his share of the social security tax for each of his employees increases the price of his product or service to cover this additional cost of doing business. Everybody pays this increase as a hidden “sales tax.”



# The President's Page

## ECUMENICITY

WE HAVE JUST COMPLETED a convention that has been one of the most productive in the long history of our association. We believe with all our heart in the good that comes from conference, the organizational unity that comes from better mutual understanding, the strength that ensues from the resolution of foolish rivalries. We see in union a magnification of essentials, an economy of purpose and force, an enrichment of professional fellowship, and an increase in the total efficiency and spirit of corporal medicine as being one mind in doing the work committed to it.

But in the enthusiasm of participation, let us beware of the false premises engendered by a too great feeling of organic oneness; uniformity *per se* is not a thing upon which the success of free medicine has been predicated. Strength of the spirit of medical practice is not subordinate to its organizational structure. Medicine cherishes and anticipates a unity of things that are different. Like the symphonic harmony that swells unbroken from a great orchestra, each instrument of which is of dissimilar intonation, so will the voice of medicine be fuller, richer, and of more command, because of its ensemble of unlike constituents.

This is the unity that comes up from the grass roots of medical practice in the counties and embraces all with but superficial variations of polity at the national level. This is the kind of ecumenicity through which we shall travel in mutual regard, to the despair of our ideologic enemies.

*W. C. Jorgensen M.D.*

# *The Woman's Auxiliary*

## REPORTS TO I.S.M.A.

Dear Doctors :

Again we are reporting to you after a very fine and inspirational meeting at French Lick. There we were given the opportunity to realize what a privilege it is to serve American medicine. One of our first objectives in this busy world of today is to cultivate friendliness and promote understanding among physicians' families. We also know that to take time to laugh and play together can accomplish great things, so from this meeting it follows naturally that, as an Auxiliary to the medical association, we will continue to serve you in the program for the advancement of medicine and public health.

Public Relations is really a very broad field. It is not something than can be accomplished in a single program or project, but it is everything that we do which creates an impression. Good public relations is not something which can be accomplished entirely by just one person or even by one committee—it takes all of us working together to be most effective. That is another reason why we need every doctor's wife as an Auxiliary member.

To acquaint the public with the aims of the medical association and its Auxiliary some specific projects are planned each year in all of our counties. It may be an Auxiliary booth at a county fair where literature and pictures are shown which helps people without medical background to better understand the medical profession; or it may be a public forum with panel discussion and a question and answer period, or it may be active participation in civil defense or community health days. All such activities are, of course, with the approval of the medical association. Individually we promote good public relations when we send gift subscriptions of *Today's Health* to some non-medical friend, maintain copies in the doctors' reception rooms, contribute service hours to civic projects or some of the voluntary health programs. The element of self-help has a definite appeal within our own group and with the public as well.

Mr. James E. Bryan, author of "Public Relations in Medical Practice," said: "The wife of a physician can play her most important role helping to build a bridge of understanding between the doctor and the non-medical community. Although she is a doctor's wife, she is also a part of the non-medical world about him." Mr. Bryan suggests that the wife of a doctor can do much for medical public relations if she takes a leading part in the community. The very fact that a devoted worker is a doctor's wife will reflect credit on the entire medical profession.

Well, these are some of the public relation activities that I wanted to tell you about—nothing too spectacular, really, but we must always keep in mind that we are an Auxiliary to the Indiana State Medical Association and that our activities must reflect credit upon the medical profession.

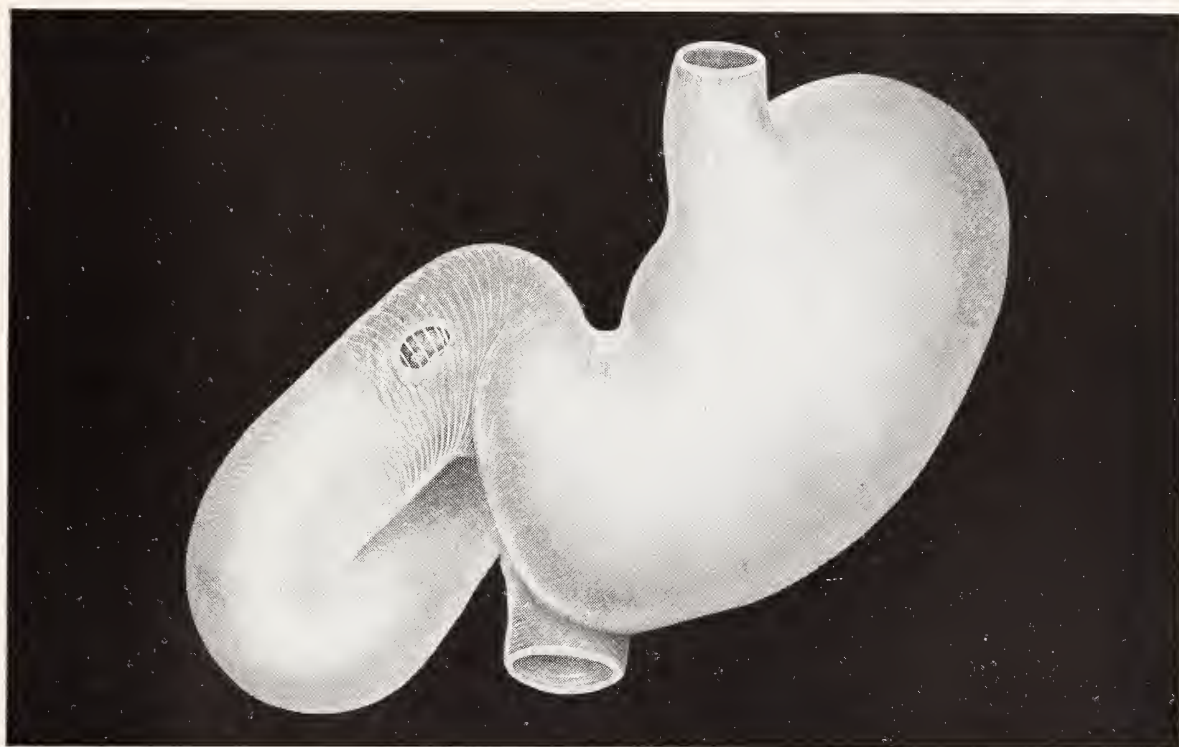
In closing, we might keep in mind: "We teach a little by what we say. We teach more by what we do. But, we teach most by what we are."

Sincerely,



Mrs. W. C. Stover, President





Pro-Banthine® “proved almost invariably effective in the relief of ulcer pain,

*in depressing gastric secretory volume and in inhibiting gastrointestinal motility.”\**

“Our findings were documented by an intensive and personal observation of these patients over a 2-year period in private practice, and in two large hospital clinics with close supervision and satisfactory follow-up studies.”\*

Among the many clinical indications for Pro-Banthine (brand of propantheline bromide), peptic ulcer is primary. During treatment, Pro-Banthine has been shown repeatedly to be a most valuable agent when used in conjunction with diet, antacids and essential psychotherapy.

Therapeutic utility and effectiveness

of Pro-Banthine in the treatment of peptic ulcer are repeatedly referred to in the recent medical literature.

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Research in the Service of Medicine.

\*Lichstein, J.; Morehouse, M. G., and Osmon, K. L.: Pro-Banthine in the Treatment of Peptic Ulcer. A Clinical Evaluation with Gastric Secretory, Motility and Gastroscopic Studies. Report of 60 Cases, Am. J. M. Sc. 232:156 (Aug.) 1956.

SEARLE

# The Year in Retrospect

ELTON R. CLARKE, M.D.\*

*Kokomo*

**T**HE YEAR'S WORK got off to a quick start, when the next morning after induction into office, I was asked to welcome a group at Purdue University—the Annual Rural Health Study Conference, and the same chore this year, last Friday, came close to closing the year's activities.

One of the big things that came out of the year's work was the Medicare Program (P.L. 569), which whether you approve of it altogether or not, still seemed the only thing to do. This necessitated a trip to Washington to settle the details, and a conference with the Defense Department, when we were there later for another purpose. It has proved to be much larger than contemplated, and has required additional office personnel besides the tremendous amount of work done by Dr. W. U. Kennedy and his committee. Blue Shield has been replaced as fiscal agent, the Medical Association itself doing this work, and later subletting the I.B.M. part of it through a contract with the State Medical Society of Wisconsin.

The Committee on Public Policy and Legislation has done outstanding work in this legislative year. Through subscription to the service offered by the State Chamber of Commerce, officers of the Association and chairmen of legislative committees in the county societies were kept informed daily of progress of bills through the State Legislature. Two meetings were held with legislators, especially members of the im-

**Elton R. Clarke, M.D.,  
immediate past president,  
I.S.M.A.**



portant Health Committees. These contacts were most valuable. Along the line of positive legislation, working with our legal minds, representatives of the Indiana State Board of Health and Dr. R. N. Harger, toxicologist, our committee caused to be prepared, introduced and carried through to passage "The Household Poison Control Act," which should be valuable to the State of Indiana for years to come. Perhaps in the future we should also work for the medical part of a good Traffic Control Law, or a codification of laws on the subject.

Nationally, the legislative picture has been relatively quiet, or dim if you prefer. The push for Jenkins-Keogh type legislation was given some impetus by the formation of the "Thrift Assembly for Ten Million Self-Employed," wherein we as physicians are joined by representatives of six other groups, perhaps more by now, in this effort for a pension plan through tax deferment—a plan used for many years in industry. These organization groups include the attorneys, dentists, accountants, retail federation, real estate boards, and druggists. We still have

*Continued*

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\* Immediate past president of the Indiana State Medical Association. Address delivered on President's Night, October 8, 1957, during the 108th annual convention of I.S.M.A. at the French Lick-Sheraton Hotel, French Lick, Indiana.



for certain disorders of menstruation and pregnancy

TRULY EFFECTIVE PROGESTATIONAL THERAPY

BY MOUTH

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Now, with small oral doses of this new and distinctive progestogen, you can produce the clinical effects of injected progesterone. In amenorrheic women for example, "As little as 50 mg. of [NORLUTIN] administered in divided doses over a five-day period was sufficient to induce withdrawal bleeding."<sup>1</sup>

#### CASE SUMMARY<sup>2</sup>

Amenorrhea of 4 years' duration in a 24-year-old married woman. A course of 10 mg. NORLUTIN twice daily for 5 days was followed after 3 days by menses lasting about 5 days. Since no spontaneous menstruation occurred during the following 35 days, she was given another course of treatment with NORLUTIN, 10 mg. twice daily for 5 days. This was followed by menses.

When this patient was given ethisterone, 40 mg. twice daily for 5 days, no bleeding had ensued when she was seen 41 days later.

**INDICATIONS FOR NORLUTIN:** conditions involving deficiency of progestogen such as primary and secondary amenorrhea, menstrual irregularity, functional uterine bleeding, endocrine infertility, habitual abortion, threatened abortion, premenstrual tension, and dysmenorrhea.

**PACKAGING:** 5-mg. scored tablets (C. T. No. 882), bottles of 30.

**REFERENCES:** (1) Greenblatt, R. B.: *J. Clin. Endocrinol.* 16:869, 1956. (2) Hertz, R.; Waite, J. H., & Thomas, L. B.: *Proc. Soc. Exper. Biol. & Med.* 91:418, 1956.



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hopes that this will be revived when Congress reconvenes.

The trip to Washington to attend the State Chamber of Commerce dinner, when we entertained the legislators and their secretaries the night before, was a great success, and should undoubtedly be repeated in the years ahead.

The confused picture of polio vaccine and its distribution was brought into sharper focus by the big national meeting at Chicago on January 26, leading to two follow-up meetings we had in Indiana, February 3 and 17, which resulted in a more uniform and satisfactory approach to the solution of a difficult problem.

At the present time, we are faced with another similarly difficult problem, which will require diplomacy and an enlightened approach if we can make the greatest utilization of available vaccine in the face of a threatened epidemic of Asian influenza.

The Committee on a Code of Medico-Legal Matters, appointed by my predecessor, Dr. Kennedy, and a similar committee from the Indiana State Bar Association have presented a comprehensive report, which will come before the House of Delegates.

The scholarly report of the Committee on Conservation of Hearing has been published as a reprint.

Recently, the Committee for Reorganization of Committees has outlined a plan for presentation to the House of Delegates, which should represent a permanent advance in the committee structure of the Association. I am quite proud of the work of this committee, and hope that after proper study, their recommendations in essence will be passed by the House. The plan proposed will not only provide a better basic plan of organization, but will contain the means within itself for future modification, as may become necessary later.

Morale has been high in all of the committees, although lack of time prevents individual mention. Two large committee meetings—one of the Standing Committees and one of the Special Committees, were called into session early in the year in order that they could plan their work and prevent overlapping of their fields of activities. This made a good start, which was to be continued and carried forward by meetings of the smaller or constituent groups.

The Woman's Auxiliary gave an excellent account of itself as usual this year, and was blessed

with outstanding leadership in the persons of Mrs. Tindall, Mrs. Dudding and Mrs. Stover. Your President was at the meeting of their House of Delegates at Richmond, April 25, which was well attended and a very fine event. The Auxiliary activities were aided this year by a grant of \$1,000.00, appropriated by the Executive Committee of the Association.

A.M.A. meetings have been attended by the executive department—Dr. Topping making the trip to Seattle for the interim meeting in December, and I to New York for the regular June session. Both sessions were important and very worthwhile.

Your President was able to attend the annual conventions of the State Medical Society of Wisconsin, the Kentucky State Medical Association, and the Michigan State Medical Society. Besides hearing interesting scientific papers and seeing demonstrations, many valuable suggestions on organizational matters were gleaned.

In addition to attendance at several district meetings, and regular attendance at practically all meetings of the Executive Committee and Council, the routine was enlivened by several more social events on the calendar, some of which were: the annual dinner-dance of the Indianapolis Medical Society, a big annual community dinner at Evansville with a special award given and which was attended by leaders in business and professional fields, the annual dinner-dance of the Lake County Medical Society at the Hotel Morrison in Chicago, and a meeting of Dr. "Jack" Jones' Committee on Industrial Health at his country pavilion, combining an outdoor beefsteak grill party with a valuable and timely committee meeting.

Annual meetings and banquets of other professional groups were attended, including the organizational meeting of the Indiana Association of Medical Assistants, of which Secretary Jim Waggener, Attorney Albert Stump and your President were made life-members, the Indiana State Dental Association, Indiana State Pharmaceutical Association, Indiana State Hospital Association, and the Indiana State Bar Association. There were several more invitations, but I was unable to get around to all. It was quite accurate and descriptive to refer to the schedule at times as the "Banquet Circuit."

We have had excellent cooperation and relations with such groups as the Indiana State



Board of Health and the Indiana University School of Medicine.

Not only outside our organization, but within it among the officers, the Executive Committee, the Council, the attorneys, the headquarters office, including the fieldmen, and the Journal office, there has been a very fine spirit prevailing, for which we have been most grateful and appreciative. In speaking of the fieldmen, we regret the loss of Kenneth (Kenny) Bush, who resigned to accept a position with the Indiana Heart Foundation, but welcome his replacement, Wayne Worick, who is taking hold of the work in fine shape.

### . . . FOR THE FUTURE

If not out of place, some suggestions for future planning might be discussed. The greatly increased scope of the work of the Indiana State Medical Association points up the urgent need of increased office space, and committees are working on this now. The thinking at present seems to favor a building program rather than temporary makeshifts for increased office space. Other than the non-productive value of a stack of rent receipts, we are paying taxes by proxy to the owners of the building. As a non-profit organization, this would be unnecessary in a building of our own.

Another thing of urgent need is to outline some disaster planning, both state-wide and in each community, particularly in connection with each hospital staff organization.

Of necessity, in order to cover the year's activities, most of this talk has been taken up with organizational affairs, but we must always remember that besides being medical society officers and delegates, we are also primarily doctors, who have jobs to do, and it is our privilege and pleasure to perform our work to the best of our ability. Many of you can remember, as do I, caring for cases of smallpox, diphtheria, typhoid fever, virulent erysipelas—all of which are virtual rarities at the present time—a tribute to the marvels of preventive and protective medicine. Consider also for a moment the rapid advances made in the surgical treatment of heart disease and pulmonary conditions, the improved treatment of rheumatic fever, preventing the deformed valves of the heart and so obviating operation or other treatment later, the vast improvement in obstetrical morbidity and mortality, the improved

treatment or prevention of peri-natal conditions, the new oral treatment for diabetes mellitus, and so on and so on, as our beloved Dean Charles Emerson used to say, in every field of medical practice. We cannot; we must not stand still! Medicine and all its branches must go on and with ever improving methods and results, and we believe this can be done best under our American way of life—the free enterprise system—not under government control or dictation.

Our motto or slogan this year was "Personal Responsibility—a new definition of PR", and as we look about at the amount and kind of work turned out by the several committees of our Association, we may well decide that an excellent start has been made on this type of program.

The motto of one of our Past Presidents, Dr. Portteus, was that of "Unity", and it is not out of place to bring it out and re-emphasize it at this time. Our several types of practice should serve to complement each other and draw us together; not to pull us apart. Remember, "United we stand; divided we fall."

### CONCLUSION

In conclusion, I should like to read a selection which was printed upon the back of the President's luncheon menu at Louisville at the recent convention of the Kentucky State Medical Association. Some of you may recognize this quotation. It is the Creed of our own Dr. Frank Hockema, former vice-president of Purdue University.

"I do not choose to be a common man. It is my right to be uncommon—if I can. I seek opportunity—not security. I do not wish to be a kept citizen, humbled and dulled by having the state look after me. I want to take the calculated risk; to dream and build, to fail and to succeed. I refuse to barter incentive for a dole. I prefer the challenges of life to the guaranteed existence; the thrill of fulfillment to the stale calm of Utopia. I will not trade freedom for beneficence nor my dignity for a handout. I will never cower before any master nor bend to any threat; It is my heritage to stand erect, proud and unafraid; to think and act for myself, enjoy the benefit of my creations and to face the world boldly and say, this I have done. For our disabled millions, for you and me, all this is what it means to be an American."

# Michigan Survey Discloses Desire for More Prepaid Insurance Benefits

**M**ICHIGAN DOCTORS learned recently that most people in Michigan who subscribe to prepaid medical plans want more services, and are willing to pay for them.

The answers came through a public opinion survey conducted by the Michigan State Medical Society during the past four months. The Study of Prepaid Medical Care Coverage in Michigan included results from an interview survey of 1,000 persons, a questionnaire mailed to more than 60,000 Michigan residents, a separate survey of doctor opinion and a compilation of facts from other surveys on this subject.

Results of the cross-section opinion study involving the views of more than 12,000 persons were reported to the MSMS House of Delegates September 23.

With 81% of the population of Michigan covered by some form of health insurance, the vast majority are satisfied with the situation, the survey indicated.

Of those covered, 64.6% have Blue Shield. Only 10% expressed unfavorable opinion of the service; 64% liked it, and 26% were noncommittal.

## WILL PAY MORE, TOO

The survey showed that Blue Shield subscribers believe they pay an average of \$5.95 a month for medical and surgical coverage. The actual average is \$2.83. The majority are willing to pay up to \$6.95 a month in order to obtain additional benefits.

The added benefit that most people would like to have is diagnostic service in hospitals. There is no overwhelming clamor for any single benefit, but many were mentioned.

Many people said they would like to have Blue Shield pay for such things as x-rays, emergency house calls, vaccinations, surgery in doctors' offices, and medical consultations.

Questioned regarding deductible medical-surgical cost payment, the result was almost an even division for and against.

The majority of those in favor of such partial coverage voted for \$25 deductible per case rather than \$50 or \$100.

Dr. George Slagle, MSMS president, said in a discussion of the survey before the House of Delegates, the report indicates that if a deductible plan were introduced, "there would be definite public acceptance."

The doctors' main complaint against Blue Shield is "unfairness in the schedule of payments they received for their services." They felt that fee schedules have not kept pace with the rising cost of living, he said.

A conclusion in the 240-page, 10-pound report said: "There is evidence of sufficient dissatisfaction with various and sundry aspects of Blue

*Continued*

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Shield to warrant investigation of changes which might improve it."

The Michigan Health Council co-sponsored the mail survey with MSMS. Dr. D. Bruce Wiley, chairman of the council of MSMS, was survey committee chairman, and Hugh W. Brenneman, public relations counsel, was the executive in charge of the study.

### MSMS SUGGESTS CHANGES

On Wednesday, September 25, the Michigan House of Delegates adopted the first major alteration in the Blue Shield program in nearly 17 years, reflecting the wishes of the public and doctors concerned with prepayment health insurance plans.

These broad principles were outlined:

Broader benefits for subscribers.

A deductible and co-insurance type of contract, providing full payment for some services and partial payment for others.

An increased income-limit clause so that Blue Shield will cover the major costs for families up to \$7,500 of annual income.

Adoption of a series of unit values for various phases of medical care, including work by the family doctor, diagnosis, x-rays, surgery and all other treatment.

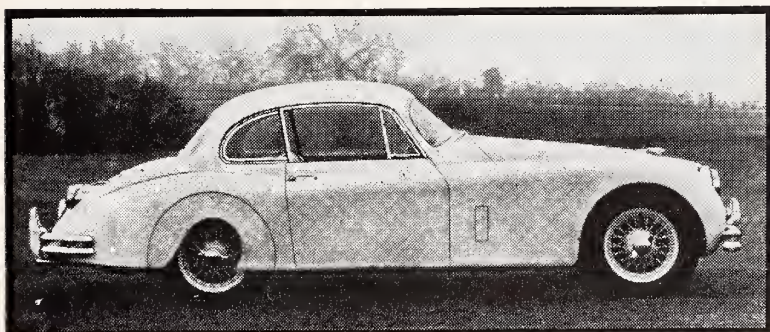
Endorsement of other insurers who want to set up the same type of coverage as Blue Shield, provided they live up to specified criteria.

Among the broader benefits mentioned were such services as surgery in a doctor's office, payment to physicians, consultants and surgical assistants in the hospital, all complications of obstetrical care, diagnostic services and wider x-ray coverage.

Optional for future consideration would be payments for office or home calls by doctors, prescriptions, physiotherapy and artificial limbs.

—*Secretary's Letter*

*American Medical Association*



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# Letter to the Editor:

CORNELL UNIVERSITY MEDICAL COLLEGE  
DEPARTMENT OF PUBLIC HEALTH AND PREVENTIVE MEDICINE  
1300 YORK AVENUE  
NEW YORK 21, N. Y.

PLEASE REPLY TO:  
AUTOMOTIVE CRASH INJURY RESEARCH  
316 EAST 61 STREET  
NEW YORK 21, N. Y.

October 7, 1957

Dr. Frank B. Ramsey, Editor  
The Journal of the Indiana State  
Medical Association  
201 Hume Mansur Building  
Indianapolis 4, Indiana

Dear Dr. Ramsey:

Enclosed are four copies of the summary report of the Sub-Committee on Traffic Safety of the Interstate and Foreign Commerce Committee, House of Representatives, United States Congress.

Much of the data used in this report and the conclusions reached were made possible because of the collaboration of the Indiana State Medical Association in Automotive Crash Injury Research. We feel that the considered judgment of the Congressional Sub-Committee provides the most positive endorsement of seat belts on behalf of the public we know. I hope that these conclusions and the material in the report may be of use to you and your colleagues in your educational efforts.

Under separate cover, four copies of the complete hearing transcription are being forwarded to you for distribution as you see fit.

Again, may we express our sincere appreciation to you and your colleagues for making it possible to accumulate information which can be used in reaching conclusions such as this report contains.

Sincerely yours,  
John O. Moore  
Director

Enclosures

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The report follows:



## LETTERS OF TRANSMITTAL

AUGUST 30, 1957.

HON. OREN HARRIS,

*Acting Chairman, Committee on Interstate and Foreign Commerce,  
House of Representatives, Washington, D. C.*

MY DEAR MR. CHAIRMAN: I have the honor to present herewith, for transmittal to the House of Representatives, a report of the Special Subcommittee on Traffic Safety, which has been made under authority granted in House Resolution 99, 85th Congress, 1st session.

Sincerely yours,

KENNETH A. ROBERTS,  
*Chairman, Special Subcommittee on  
Traffic Safety.*

*Note:* Indiana was represented on the Special Subcommittee on Traffic Safety by John V. Beamer, Wabash, Representative in Congress from the Fifth Congressional District.

Other members of the special subcommittee in addition to Chairman Roberts and Mr. Bamer were Representatives Walter Rogers, Texas; Samuel N. Friedel, Maryland; J. Carlton Loser, Tennessee; Alvin R. Bush, Pennsylvania; and Paul F. Schenk, Ohio.

85TH CONGRESS } HOUSE OF { REPORT  
1st Session } REPRESENT- { No. 1275  
ATIVES }

### AUTOMOBILE SEAT BELTS

AUGUST 30, 1957.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. HARRIS, from the Committee on Interstate and Foreign Commerce, submitted the following  
R E P O R T

[Pursuant to H. Res. 99 (85th Cong.)]

Because considerable confusion and doubt existed regarding what the actual value of an automobile seat belt is in an accident, the Special Subcommittee on Traffic Safety first held hearings on this subject on April 30, 1957. At this time, Mr. John O. Moore, director of automotive crash injury research, Cornell Medical School, Cornell University, and Mr. Edward R. Dye, director of safety design and development, Cornell Aeronautical Laboratory, Cornell University, appeared before the Subcommittee on Traffic Safety and testified in favor of the use of automobile seat belts.

The subcommittee again held hearings on seat belts on August 5, 6, 7, and 8. At that time, automobile manufacturers, researchers, Government officials, and medical experts were asked

to testify. Both proponents and opponents of seat belts were invited to come before the subcommittee to present their findings.

It is upon this testimony which preponderantly supported the value of seat belts that the subcommittee bases its conclusion favoring the installation and use of this safety device.

The subcommittee recognizes that a seat belt cannot save your life in all types of accidents; nevertheless, the evidence submitted to the subcommittee does indicate that on an actuarial basis your chances of survival, and survival with reduced severity of injury, are greatly enhanced if you are wearing a seat belt at the time of the accident.

The subcommittee also recognizes that while a shoulder harness would provide a greater degree of protection than a seat belt, it is not likely that as many persons would either purchase this equipment or use it. The subcommittee feels that upon the basis of the testimony received a seat belt will greatly increase the individual passenger's safety. It is economical; it can be installed easily in all makes and models of cars; and it will be accepted and used by the public much more readily than a more cumbersome device.

### TESTIMONY OF WITNESSES

The testimony presented to the subcommittee by Col. John P. Stapp, Director of the Aero Medical Field Laboratory, Holloman Air Devel-

## SOME FACTS ABOUT SOCIAL SECURITY

The government, while slow to acknowledge anything wrong with the Social Security System, underestimated the demand for benefits. Women who could obtain benefits at 62, 63, and 64 decided to do so even if the payments were less than they would be at 65. Farmers suddenly turned out to be older than expected. Some began to pay social security taxes on reported income of \$4200 which exceeded their income in prior years. Then they applied for benefits after paying taxes for six quarters. Many people who had retired and were well beyond 65 years of age, dug up jobs for themselves and paid social security taxes for 18 months, thereby qualifying for benefits of from \$30 to \$108.50 monthly for life. Social security experts in making their cost projections underestimated the ingenuity of the American people when Federal giveaways are as widely advertised as are social security benefits.

There is not an unlimited number of ways for Social Security to expand. Medical care is one of the few areas not covered by "social insurance," and the present framework of the Social Security Act is adequate to cover socialized medicine by means of a few amendments. The Disability Insurance "Trust" Fund could be changed into a Health Insurance "Trust" Fund by the stroke of a pen. Taxes could be increased. A new title could be added to the law and the private practice of medicine could be virtually destroyed.

opment Center, Holloman Air Force Base, was based upon the experiments which Colonel Stapp has conducted with human volunteers, as well as with apes, pigs, and dummies, to determine human tolerance.

Colonel Stapp told the subcommittee:

In our series of human exposures to mechanical force, corresponding as closely as possible to the automobile crash condition, human subjects protected with a lap belt have been decelerated or stopped with forces up to 4,870 pounds measured in the lap belt, without sustaining any injury. In terms of deceleration units, this is 27 G's; the duration, one-tenth of a second, which corresponds rather well with a single impact in an automobile crash.

Colonel Stapp said that the Air Force conducted research in auto safety because auto crashes are the chief cause of hospitalization of airmen and the No. 2 cause of deaths of Air

Force personnel. Colonel Stapp's laboratory, when it began its auto-crash research early in 1954, already had a fund of information which was applicable to the automobile safety problem from 9 years of prior airplane-crash research.

Dr. R. Arnold Griswold, representing the American College of Surgeons as chairman of the subcommittee on traffic injury prevention, stated that the American College of Surgeons, in February 1955, had adopted a resolution recommending automobiles be equipped with "adequate safety belts or other passenger stabilizing devices that will resist impacts of at least 20 G's."

Dr. Griswold further stated:

Accumulated evidence in automobile injury prevention has in no way caused us to alter our opinions but, on the contrary, has strengthened them.

With respect to reducing the degree of injury sustained in an automobile accident when wearing a seat belt, Dr. Griswold told the subcommittee:

While it is very difficult to obtain statistical evidence regarding the reduction of severe injuries into the minor class by wearing belts, it is our opinion that the belt may be even more effective in this regard than it is in the prevention of fatal injury, since lesser forces are likely to apply in the non-fatal but severe injuries, than in the fatal ones.

Mr. Andrew J. White, director of Motor Vehicle Research, Inc., appeared before the subcommittee in opposition to seat belts. Mr. White told the subcommittee:

My research in the field of restraining devices, a large part of which involved automobile seat belts, clearly shows a very limited value for seat belts when used in the present vehicle interior designs.

The subcommittee was extremely pleased to hear Mr. White and view his movie on automobile crashes. Upon the basis of the testimony presented by all witnesses, however, which predominantly favored seat belts, the subcommittee

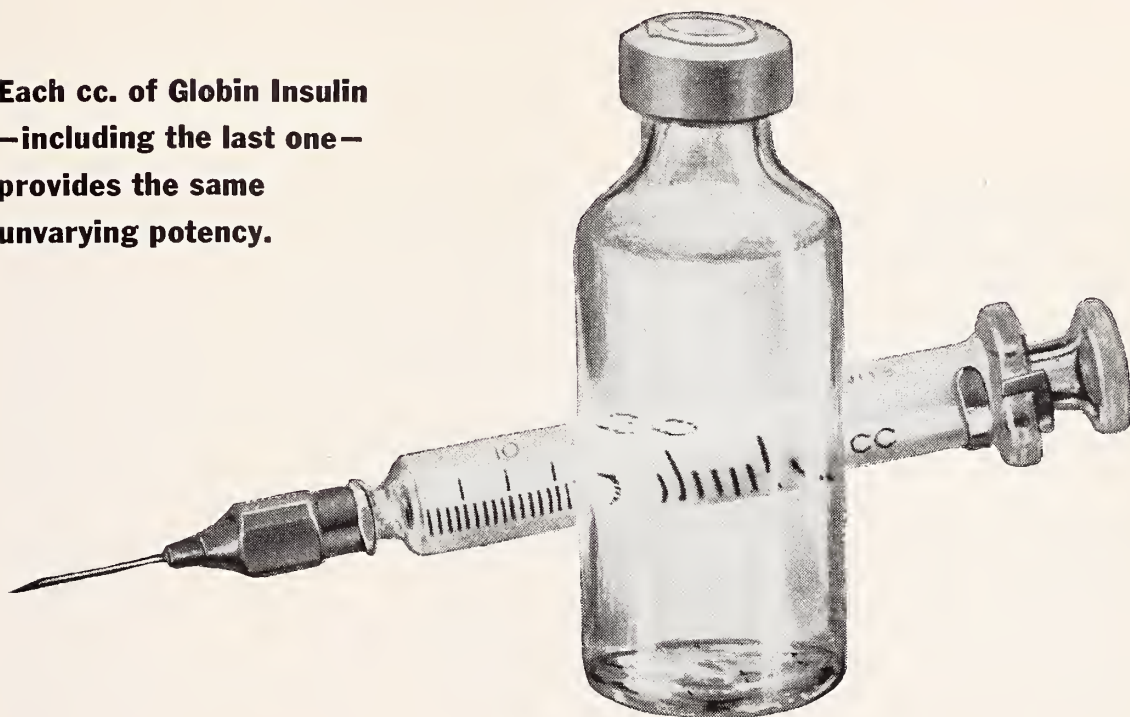
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*Note:* Dr. R. Arnold Griswold, who furnished valuable testimony, is a native of Peru, Indiana. He now is in practice in Louisville, Kentucky.



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did not find itself in agreement with Mr. White's views.

The subcommittee, while recognizing that the seat belt is not completely perfect or a panacea for all traffic accidents, the subcommittee does feel that the seat belt provides such a substantial additional degree of safety to the motorist that the subcommittee does conclude that their use promotes safety.

#### THE AUTOMOBILE MANUFACTURERS

Representatives from each of the five leading automobile manufacturers were invited to appear before the subcommittee and present their views on the crash-worthiness of seat belts.

The subcommittee was very impressed by the universal acceptance of the value of the seat belt by the automobile industry. The Ford Motor Co. stated:

It is our opinion that the use of seat belts in all cars and trucks on the American road today would reduce the 40,000 fatalities annually to less than 19,000, and would reduce the 1 million serious injuries to no more than 500,000.

The Ford Motor Co. stated that they had run identical test crashes using dummies. In one case the dummy was belted in and in the other the dummy was not belted. Through electronic instruments, the amount of force applied during the crash to different parts of the anatomy was recorded. These tests showed that, although a person wearing a belt might still strike a barrier within the car, the amount of force with which he would strike would be substantially reduced, thereby reducing the degree of potential injury.

Throughout the testimony presented by the automobile industry, there existed the sentiment that, although the manufacturers recognize the value of seat belts, they felt that there was apathy on the part of the public to buy them and to use them.

The committee hopes that the manufacturers will consider ways and means of advising the public of the results of their research and tests concerning the safety features of seat belts.

The subcommittee believes that once the public has been informed of the true value of seat belts, the public will voluntarily use this safety device. It is in their own interest and for their own protection to do so.

#### CRITICISMS OF SEAT BELTS

Opposition to the universal use of seat belts is frequently based upon the so-called freak accident. This is reflected in the criticism: "If a seat belt had been worn in this accident, it would have meant certain death." Of course, this may or may not be so. Nevertheless, the fact does remain that the statistical analysis of actual accidents which has been made to date indicates that in case of an accident your chances for survival are greater if you are wearing a seat belt than if you are not.

The subcommittee is vested with the public's interest. For this reason, while the subcommittee recognizes that it will be possible always to find the exceptional accident in order to criticize the value of a seat belt, the subcommittee must formulate its opinion for the good of the commonweal and after weighing the entire accident picture, your subcommittee does conclude that this device promotes safety.

Mr. John O. Moore, director of automotive crash injury research, discussed the occurrence of "freak" accidents at great length in his testimony before the subcommittee on August 8. Mr. Moore stated:

Granting that seat belts under some unique conditions can be cited "dangerous" as the direct or indirect cause of death or injury, it must be remembered that safety—like law or medicine—works for the majority.

While some unfortunate few suffer on occasion, vast numbers benefit. Without system there is chaos and anarchy, whether it is in the area of justice, health, or safety.

The rules and procedures in each of these areas are established by observation of occurrences which are common, rather than exceptional. We do not bypass or ignore the use of a drug or vaccine which may in rare circumstances cause death. We do not reject laws because they sometimes miscarry. We cannot cast aside seat belts because they can be demonstrated to cause harm in some few cases.

Evidence about the actual performance of seat belts should be weighed, in our opinion, in the light of the entire accident picture.

The careful analysis of actual highway accidents made by the automotive crash injury



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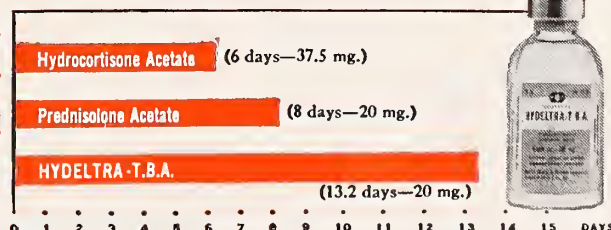
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research under the direction of Mr. Moore, in the opinion of the subcommittee, clearly indicates the advantages of seat belts.

Using a "paired comparison" technique, automotive crash injury research matched identical accidents except for the one control factor that in one car the occupant was wearing a seat belt and in the other he was not. The comparison of these accidents showed: 75.5 percent of the people without belts had an injury to some degree; 23 percent of the people in cars without belts had an injury that fell in the moderate, severe, critical, dangerous, or fatal range; 3.6 percent had an injury classified as dangerous to life or fatal within 24 hours.

In the identical accidents where seat belts were worn, analysis showed: 29.9 percent of the people had an injury to some degree; only 9.2 percent of the people had an injury that was classified as moderate, severe, critical, dangerous, or fatal range; and only 1 percent of the people had an injury that was classified as dangerous or fatal.

Mr. Moore stated:

We have found that the ratios of difference between the frequency of injury in the control group or the no-belt group as compared with the experimental or belted group, we found that this ratio of difference gives us a maximum improvement at the present time of approximately 60.4 percent.

The above case referred only to accidents where the persons remained inside the car. Using again a "paired comparison" technique, automotive crash injury research found that of the ejectees, 87 percent had an injury to some degree; 53.7 had an injury in the moderate, severe, serious, critical, dangerous, or fatal range; and 17.4 percent of the persons had a dangerous or fatal injury within 24 hours.

Comparing these victims with those in similar accidents except that they were not ejected because they were wearing seat belts, automotive crash injury research figures showed: 39.3 percent had an injury to some degree; 10.9 percent had an injury in the moderate, critical, fatal range; and 2.2 percent had an injury in the dangerous or fatal range within 24 hours.

The comparison of the ejectees with the seat-belted therefore non-ejected persons in identical accidents according to Cornell's figures shows: a 54.8 percent reduction in the appearance of

any grade of injury; a 79.7 percent reduction in the appearance of moderate, serious, critical, severe, or fatal injuries; and an 87 percent reduction in the frequency of dangerous and fatal injuries.

Mr. Moore stressed to the subcommittee that Cornell's findings indicate that if you are ejected from an automobile during an accident, the risk of fatality is five times greater than if you remain in the car and, of course, the use of the seat belt will keep you inside the car.

In answer to the criticism that seat belts in accidents prevent escape from cars in the event of fire or submersion, Mr. Moore told the subcommittee—

Evidence available at this time from over 10,000 reports of accidents show that burning and submersion accidents are extremely rare. The percent of accidents, injury-producing or property damage, which involved fire or submersion our (Cornell) sample are as follows: Fire—two-tenths of 1 percent; Submersion—three-tenths of 1 percent.

In answer to the criticism that many seat belts are inadequately designed or installed, Cornell's research study of 459 seat-belt users indicated that only 1.9 percent, less than 2 percent, experienced failure of their protective device. Many of the failures were associated with accidents which developed accelerated forces far beyond the design limits of existing seat-belt standards.

## THE SEAT BELT AND ITS INSTALLATION

Mr. Edward R. Dye, director of safety design and development, Cornell Aeronautical Laboratory, Cornell University; advised the subcommittee regarding the seat belt and its installation that—

the belt should have a loop strength through the complete attachment, of 3,000 pounds, and that the buckle should be of such a construction that after it has received this 3,000-pound loop-belt load, it can be released with 1 hand, with a pull of less than 45 pounds.

The seat belt should be installed so that the belt is approximately in a longitudinal vertical plane of the car, and also that the



belt is at an angle approximately 45° from the horizontal.

Col. John P. Stapp told the subcommittee:

A belt should fit into the crease of the hips so that it bears against the prominent pelvic bones on each side, and reduces the force impinging on the soft abdomen between those bones. It would be rather lethal to have a belt around the waist in such a manner that the occupant would push his waist forward against the belt and then slide underneath.

Testimony received by the subcommittee indicated that a belt 2 inches in width was as satisfactory as a 3-inch belt.

### USE OF THE SEAT BELT

The testimony presented to the subcommittee indicated that the belt should be worn snug in order to provide the necessary amount of protection.

The belt should be worn at all times whenever a car is in motion for it is impossible to predict when an accident may happen. According to Indiana State statistics, 75 percent of the deaths occur within 25 miles of the victim's home, clearly indicating it should be used on short trips as well as long trips.

Several witnesses testified that they personally noticed when using seat belts that it reduced driver fatigue and that this factor, too, would contribute to highway safety.

### EXPERIENCE OF STATES USING SEAT BELTS IN STATE-OWNED VEHICLES

The subcommittee is aware that 20 States and Alaska have installed seat belts in State-owned vehicles. Each of these States was contacted and invited to advise the subcommittee of their experience with the use of seat belts, in order to help in its evaluation of this safety device. All replies from the States are recorded in the text of the hearings on seat belts.

The reports which the subcommittee received substantially support the value of seat belts. Several States reported that initially there was a reluctance upon the part of some employees to use the seat belt. However, after accidents involving other State employees who sustained little or no injury due to having been restrained

by a seat belt, the State employees were extremely cooperative in using this safety device. A typical reply from one State is:

Since the installation of these safety belts, we have had several serious accidents in which patrol units have rolled over. Invariably the officer involved has stated that had it not been for the fact that the safety belt was used, the accident would have resulted in either serious injury or a fatality to our officer.

When the safety belts were first installed, the officers made little use of them because

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of the necessity of getting in and out of their units constantly. However, since the occurrence of a series of accidents which proved the great value of the belt, this obstacle has been overcome.

Several States also reported that, while they had been pleased with the use of their seat belts, they had fortunately not experienced any accidents and therefore the belts had not been put to the final test.

#### THE FEDERAL GOVERNMENT

Representatives of the Federal Government also appeared before the subcommittee during its hearings on the value of seat belts.

The subcommittee is extremely pleased that the General Services Administration is presently drafting Federal specifications to establish minimum limitations for seat belts and attachments for use in Government-owned vehicles.

The subcommittee appreciates the General Services Administration's contention that the

seat belts must be used as well as installed in a motor vehicle in order to provide protection.

The subcommittee feels that if the public has an opportunity to review the facts it will recognize the great safety value in using a seat belt. The subcommittee has great faith in the judgment of the American public.

#### CONCLUSION

It is the hope of the subcommittee that the hearings which it has held in a sincere effort to bring together in one place all of the data and research known regarding this safety device will have served the public by giving it an opportunity to view the entire record.

It is the opinion of the Subcommittee on Traffic Safety, after having listened to many witnesses, having asked them many questions, and having carefully studied all the data presented, that seat belts, properly manufactured and properly installed, are a valuable safety device and careful consideration for their use should be given by the motoring public.

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when anxiety and tension "erupts" in the G. I. tract...

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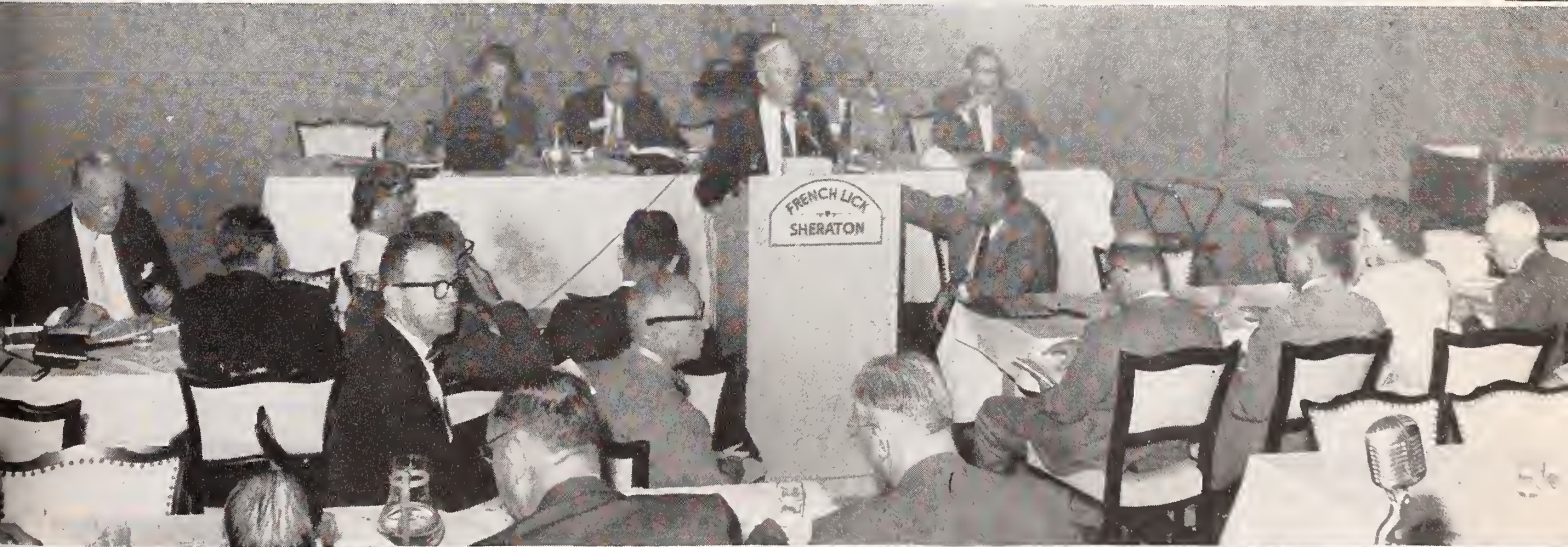
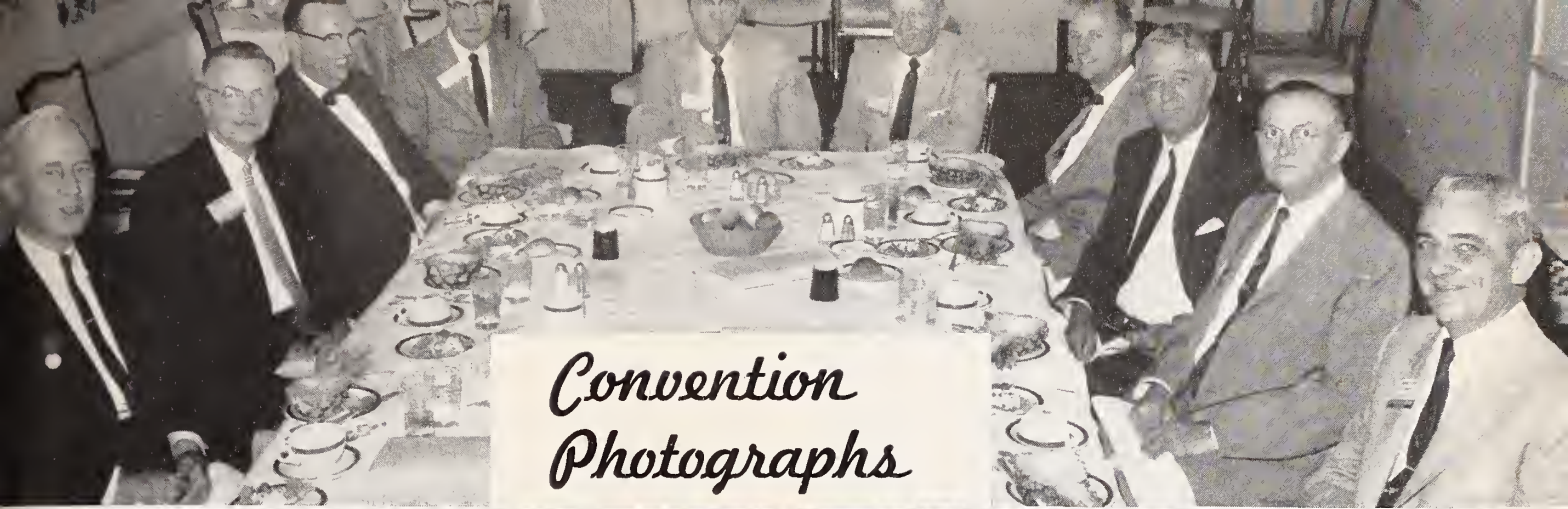


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Miss Elsie Reid, in charge of registration, with R. J. Amick, field secretary, and local assistants.

Registration opens for the 108th annual convention of Indiana State Medical Association at the French Lick-Sheraton Hotel.

Looking across and down from the mezzanine several of the booths of technical exhibitors are seen with first visitors arriving for a leisurely look at new drugs and appliances on display.

Lower left, Dr. and Mrs. C. R. Marshall, Indianapolis, are seen visiting with a friend. Dr. Richard P. Good, Kokomo, listens with interest as a pharmaceutical house representative tells of advantages of a product.





# Highlights

Of major interest at each annual convention of I.S.M.A. are the events pictured here—the presentation of the “Physician of the Year” award, the changing of the gavel, and the presentation of a special plaque to the retiring president by his successor.

Clay A. Ball, M.D., 80, Muncie general practitioner who still sees patients daily, is shown accepting the “Physician of the Year” award from Elton R. Clarke, M.D., Kokomo, 1956-57 president.

Dr. Ball, a Delaware county native, has spent his entire career since graduation in 1906 from the former Indiana Medical College, School of Medicine of Purdue University, Indianapolis, in Muncie where his kindness and unselfish devotion to his profession have endeared him to thousands of patients.

In his acceptance, Dr. Ball referred to the many changes in medicine, saying “We are now dealing more and more with economic problems, the prevention of disease, and mental problems, but the basic concept of physician-patient relation has not changed.”

Present to see him receive the recognition of his fellow-physicians were Mrs. Ball, and Dr. W. Phillip Ball, Muncie, one of his two physician sons.

In the final act of his year in office, Dr. Clarke presents the gavel to M. C. Topping, M.D., Terre Haute orthopedic surgeon, who assumed the presidency at the annual banquet.

A plaque inscribed “In recognition of his unselfish devotion to the Indiana State Medical Association and his loyal and faithful service to the medical profession during his term as President, this Award of Honor is presented by the association,” was received by Dr. Clarke as his year ended, from Dr. Topping.

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First page of this series includes photographs, top to bottom, of the I.S.M.A. Executive Committee, the Council, and House of Delegates.

Other convention photographs will be found on pages 1580 and 1581.

Another group of pictures, beginning with special events held on Tuesday will be published in the December issue of The JOURNAL.





## Flu Fight

Drug Firms Speed Up  
Vaccine Output, But  
Will the U.S. Need It

Asiatic Virus Raises Threat  
Government Buys, Produces  
and Hens Have to Help

en Attack, Rapid Spread

### **8 STUDENTS ON FLIGHTS TO U.S. HAVE ASIAN FLU**

New York, Aug. 15 (AP) — Laboratory tests on eight foreign exchange students who arrived Aug. 8 show they are victims of Asiatic flu, the health department reports today. The eight arrived on a plane from Europe.

Twenty-nine other students suffering from influenza arrived Tuesday from Rotterdam on the ship Arosa Sky. One, Nicholas Memmos, a Greek exchange student, died yesterday. Six of these students were released today; the others are to be released tomorrow. It has not yet been determined whether any died from Asiatic

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## **THE INFLUENZA**

How Deadly Will it Be?

What Can We Do about It?

## **IF YOU**

Answer

A new i  
—is showing  
around the  
now have c

## **U.S. Fighting Asiatic**

### **The War On Asiatic Flu**

There's cause for concern about Asiatic flu, but scientists and public health officials see no reason for anyone to panic.

First shipments of the vaccine against the new influenza strain have arrived in Chicago, setting off a flood of telephone calls from worried patients to doctors, and from doctors to drug suppliers. This is a normal pattern of mass fear and is understandable.

Even though Salk vaccine priorities were necessary, the regulation produced administrative headaches, public complaints and probably a gray, if not a black market. When regulation is invoked, it would be

PUBLIC HEALTH

## **Influenza M**

► INFLUENZA, one of the most unpredictable of communicable diseases, is rising "on cat feet" across the nation right now. It has already struck once this year in mild epidemic form at an Air Force base in Colorado. When and how severe it will strike again is a perennial riddle for public health authorities.

It will probably not lie dormant for the rest of the winter months. At the least there will be sporadic outbreaks throughout the country. If

### **The War on Mutant A**

of Florence was in the grip of an epidemic of colds, coughs and fevers, astrologers . . . declared that it was caused by the influence of an unusual conjunction of planets. This sickness has been known as "influenza"—Chronicles of 1200-1470.

To combat new influenza, a worldwide week in response from the Far East. Since the World Health Organization, which collects information around the globe on specimens of the new virus. In more than a century of studying those of the

### **Asian Flu: the Outlook**

Asian influenza will hit the U.S. this fall before mass immunization can be effective, and the nation faces an epidemic which may strike 15 million to 30 million people. The disease is relatively mild (in no way comparable to the killing "Spanish flu" of 1918-19), and is likely to cause only a small number of deaths among the feeble young and feeble old. But it may compel 10% to 20% of the population in affected areas to take

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**PIDEMIC**  
What Is Causing It?

to counteract  
complications from  
**"ORIENTAL FLU"**

**CATCH "ASIATIC" FLU—**

About the New Virus Threat From Orient

'Far East' flu  
here and there  
suspected cases  
d in the U.S.

Flu

**Strike**

in the structure of the vir.  
make presently used vaccines  
the illness.  
such a sudden change to  
type A virus in 1947, D  
Much of the vaccine th  
surface

**Erythrocin**  
STEARATE (Erythromycin Stearate, Abbott)

effective against staph-, strep- and pneumococci

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# SELECTION OF SUITABLE SULFONAMIDE IS OF PRIME IMPORTANCE IN LONG-TERM THERAPY OF URINARY TRACT INFECTIONS

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## Drug Must Meet High Standards of Efficacy and Safety

---

In recent years sulfonamide therapy for urinary tract infections has gained new popularity because the original drugs have been replaced by more soluble, less toxic and more effective sulfas.<sup>1</sup> Gram for gram, a single sulfonamide featuring high solubility and low acetylation is unsurpassed for efficacy and safety — especially in prolonged therapy.

An editorial in the Journal of the American Medical Association states that sulfonamides are successful in 90 per cent of urinary tract infections, and "... should be tried first."<sup>2</sup> There are many properties a sulfonamide should possess before it can be claimed to be efficacious and safe. "Thiosulfil,"<sup>®</sup> brand of sulfamethizole, is considered to be one of the "... most acceptable sulfonamides for treatment of urinary tract infections ..."<sup>3</sup>

### Broad Bacteriostatic Index

"Thiosulfil" is effective against most gram negative and gram positive organisms commonly found in the urinary channels.

### High Plasma — Urine Levels

"Thiosulfil" is rapidly absorbed and excreted, achieving high antibacterial levels in the urine and throughout infected tissue, with negligible penetration into red blood cells.

### High Solubility

"Thiosulfil," in both the active and acetylated forms, is highly soluble in urine over a wide pH range, thus permitting effective action with minimal side effects. Alkalini-

zation is not required; fluids may be restricted rather than forced.

### Low Acetylation

"Thiosulfil" is virtually unacetylated. As much as 90-95 per cent remains in the free therapeutically active form. Virtually all of a given dose is therefore available for antibacterial action.

In a long-term clinical study, patients with incurable chronic urinary infections were kept symptom free for as long as five or six years on a maintenance dose of one or two tablets of "Thiosulfil" daily.<sup>4</sup> In another evaluation, 20 patients were given 25-100 grams of "Thiosulfil" over a period of 20-90 days without incidence of side reactions.<sup>5</sup> Goodhope<sup>6</sup> reports that during 30 months of clinical use with "Thiosulfil," no evidence occurred of exanthemata, urticaria, emesis, fever, hematuria and crystal-luria.

*Recommended Dosages:* 0.5 Gm. four times daily. The pediatric dosage is 30 to 45 mg. daily per pound of body weight. If voiding occurs during the night, an extra half-dose should be given. Fluids may be restricted rather than forced.

*Availability:* Tablets, 0.25 Gm. (bottles of 100 and 1,000). Suspension, 0.25 Gm. per 5 cc. (bottles of 4 and 16 fl. oz.).

Bibliography on request.

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# New Clinics, Office Buildings to Provide Better Medical Facilities

**T**HROUGHOUT INDIANA physicians are constructing new office buildings and clinics. In small communities and larger cities, the demand for more modern office quarters is being met by individual physicians and clinic groups. Parking space for patients is being provided in most instances.

Recent reports disclose that a new medical clinic was opened at DeMotte in August. The Jasper county community has a population of approximately 1,000 persons who solved their hometown problem of lack of medical care by organizing the Community Development Corporation of DeMotte, constructing a new medical clinic with space for two medical doctors, a dentist and an optometrist, and then securing the professional men. Clinic occupants include Dr. Robert Y. Lee, surgeon; Dr. John Lacy, general practitioner; Dr. Charles Aton, dentist, and Dr. William Kooy, optometrist. All are now in practice and have been welcomed by 2,000 residents of the area who attended an open house at the new clinic. In addition to usual quarters, laboratory, x-ray and emergency surgery rooms have been provided.

## READY JANUARY 1

Construction of a 12-room medical clinic is under way in Wakarusa. Dr. Robert Abel plans to have the building ready for occupancy by January 1 when a second physician will be associated with him in practice there. Clinic plans include a modern emergency room, with resuscitation equipment, oxygen, and fluoroscopic unit. X-ray equipment will be housed in a room adjacent to the emergency room.

At East Chicago city officials including Mayor Walter M. Jeorse attended ceremonies September 29 when new Lakeside Clinic, 2402 Broadway, was opened. The 34-room clinic is owned and operated by Dr. Edward L. C. Broomes.

Approval has been given by Madison County Planning Commission for the construction of a medical clinic on a 5-acre tract of land near Summitville. Dr. W. C. Van Ness, Summitville, plans to build a 40 by 60 foot medical clinic on the site with adjoining parking space.

## WILL TRIPLE SPACE

In Evansville work has started on an addition to the Medical Arts Building at 3700 Bellemeade avenue, adjoining St. Mary's Hospital. The present structure was completed in 1956 by a corporation composed of physicians who now occupy the building. The new addition will be two stories high, will face 122 feet on the street side and be 135 feet deep. It will have a full basement. Twenty-five to 30 suites will be provided with removable walls to accommodate the individual needs of tenants. Half the space has been contracted for. Members of the building corporation are Dr. George Willison, president; Drs. P. J. V. Corcoran, John Slaughter, Owen Slaughter, Gordon T. Herrmann, Melvin Durkee, L. Paul Hart, John D. Wilson, Donald Buehner, E. W. Austin and Joseph Coleman.

Drs. Kermit Q. Hibner and David Haggard have moved into their newly remodeled offices in Danville. They recently purchased the McClain property across from the Danville Park to provide increased office space and private parking for their patients.

Work is progressing on the Anderson Medical Arts Building which has facilities for seven physicians. Foundation for the 48 by 250 foot building near Brown and 20th Streets, Anderson, was laid in July. The structure will cost approximately \$100,000.

In Lebanon, Dr. Paul R. Honan and Dr. C. G. Kern have moved into their new one-story modern brick office building at 1726 North Lebanon street.

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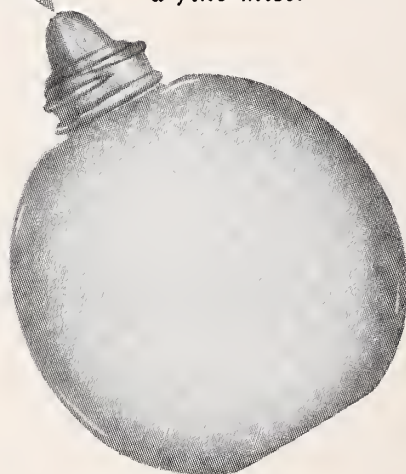
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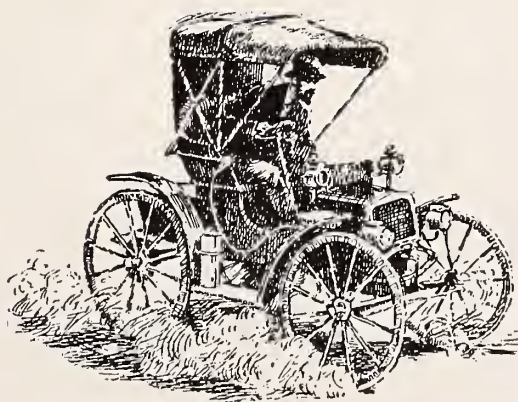
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# Fifty Years Ago . . .

"The Effect of Overcivilization on Maternity" was discussed editorially in The JOURNAL 50 years ago . . . we quote . . . "It has become a well-established fact among obstetricians of wide experience that a certain type of woman exists who, by virtue of overcivilized environment from childhood up, has come to depart very widely from the natural condition which permits of the processes of gestation and labor as perfectly physiological ones, from which, with reasonable care, the patient should be expected to make an absolutely complete recovery. And, unfortunate as it may seem, the evil is on the increase, rather than otherwise. . . . The author is unwilling to believe that this disparity can be explained alone on the theory of evolution, the principle of survival of the fittest among the working class eliminating the weaker, and environment among the overcivilized permitting the perpetuation of the less strong. But he believes the key to the situation will be found in a study of the conditions under which the city-bred girl is reared today. . . . A large proportion of these girls suffer a nervous breakdown before the age of 25. . . . The duty of the obstetrician lies not only in concluding labor with a living mother and child, but also in bringing the young mother through the whole process in the best possible nervous and physical condition for the fulfillment of her further functions . . . the wisdom of the conservative obstetrician will today demand abdominal delivery, which under proper conditions and in the hands of a competent operator, is practically without danger and at the same time offers a distinctly better



chance for proper recovery than the mutilating pelvic delivery, which so often requires subsequently a more or less serious operation to restore the patient to even a moderate degree of health".

— 50 —

And in the Editorial Notes we find this . . . "If your county society meetings are not reported in The JOURNAL ask the secretary of your society why he does not furnish us the report."

— 50 —


News items of interest to the medical men of Indiana are solicited from any member of the association, but in particular from county society secretaries who by virtue of their offices are correspondents of The JOURNAL. Newspaper clippings, with name and date of paper from which taken, containing accounts of deaths, . . . removals or other items of interest, are always gratefully received by the editors.

— 50 —

The November issue 50 years ago reports "There are now 152 medical schools in the United States, of which 123 are regular, 16 are homeopathic, 8 are eclectic, 2 are physiomedical, and 3 are nondescript schools which offer to teach all systems of medicine. Since last year there has been a net decrease of 9 colleges, and indications point to a further decrease. On

*Continued*



A woman with long dark hair, wearing a white long-sleeved shirt and dark, paint-splattered pants, stands on a wooden A-frame ladder. She is holding a paintbrush in her right hand, reaching up to paint the ceiling. The room's walls are a vibrant yellow. A simple light fixture with a single bulb hangs from the ceiling. To the left, a window shows a glimpse of a tree outside. On the floor, there is a white paint can on a tray, a paintbrush, and some paint splatters. A wooden door is visible on the right side of the frame.

Mom “wears  
the pants”  
once too  
often



# frozen shoulder

Bursitis and tenosynovitis are new terms to homemakers, but they are not uncommon sequels to overexertion. Early antirheumatic therapy is to be encouraged in the treatment of these conditions, as it is in more serious rheumatic conditions, to alleviate pain and prevent progression of the disorder. With adequate therapy the prognosis of bursitis in its acute stage is good. Delaying therapy may result in extension of the inflammation and gross anatomical changes that tend to incapacitate the patient.

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## Fifty Years Ago (continued)

the whole there has been a lengthening of college terms. . . . Indiana University School of Medicine is also one of the 26 schools which either already require one year of work in a college of arts devoted to physics, chemistry and biology, in addition to a four-year high school education, or have announced their intention to do so before 1910."

— 50 —

A Letter to the Editor from Joseph Rilus Eastman, Indianapolis, told of the general use of nitrate of silver gauze and nitrate of silver catgut in Copenhagen clinics and included a letter from Prof. Thorvald Rovsing of Copenhagen with instructions for preparation of the gauze. Professor Rovsing's letter ended with the remark, "I never more shall use iodoform gauze with its bad odor, its poisoning properties and its doubtful antiseptic qualities."

— 50 —

Personals and News, Notes and Comments reported to Indiana's doctors 50 years ago that . . . "Dr. O. E. Harrold, Marion, in alighting from his buggy, fell and sustained a fracture of the right clavicle. . . . St. Joseph's Hospital, Logansport, is under cover and is expected to be ready for occupancy by January 1. . . . Ligonier is reported to be suffering from an epidemic of diphtheria; twenty-seven positive diagnoses were made. . . . At the last meeting of the

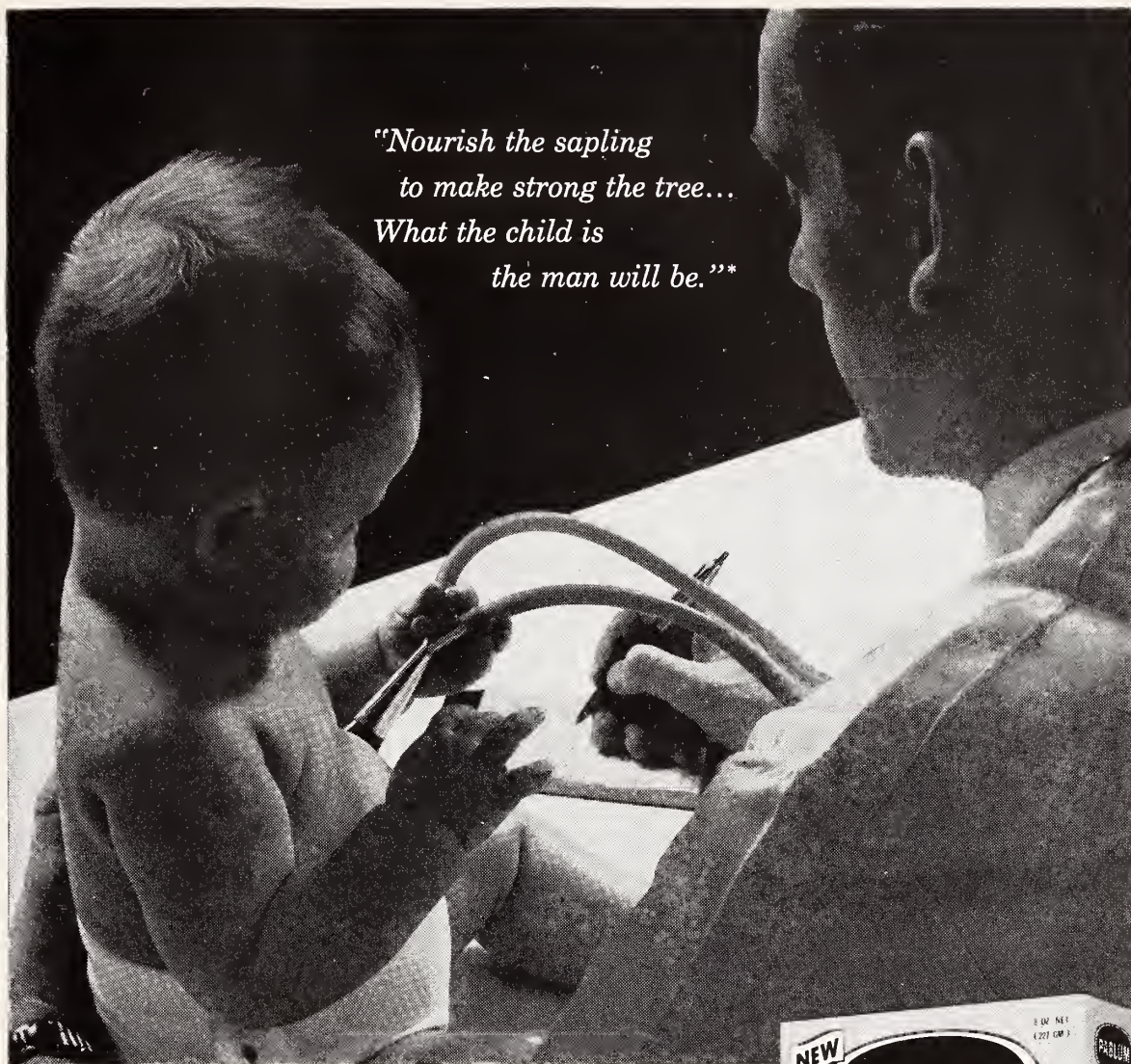
Kokomo City Council an ordinance was passed appropriating \$25,000 for the purchase of a site and the construction and maintenance of a public hospital. . . . Miami County Medical Society meeting was called to order by President Griswold with 22 members and 1 guest present. The new constitution and by-laws were read, amended and adopted. Motion was made and carried to attend in a body the laying of the corner stone of the new Miami County court house and the secretary instructed to prepare a list of membership of the society to be placed in the corner stone."

— 50 —

We think the most whimsical bit culled from that 50 year old November JOURNAL is this . . . from a report of the Eighth Councilor District meeting at Anderson we read . . . "A paper by Dr. Fred M. Ruby of Union City and one by Dr. G. R. Green of Muncie considered the practicability, the availability and the cost of running an automobile. The automobile question being one that is most seriously considered by the average doctor at present and first hand information, heretofore, has been untrustworthy. Their conclusions were that every doctor ought to buy an automobile, run it until the enthusiasm subsides, sell it to some other fellow who has the fever, then buy a good horse and buggy and be content."

—j. s. g.





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to make strong the tree...  
What the child is  
the man will be."\**

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# Triple Approach Made to Problems Relative to Homicide Investigation

A SERIES OF 10 SEMINARS dealing with the police, legal and medical aspects of homicide investigation has been completed under Indiana State Police sponsorship.

Coordinators of the seminars were Lt. Charles A. Davis and Sgt. Robert L. Van Dyke of the State Police.

The medical approach was handled on a regional basis by physicians who appeared on the seminars in their residence areas. Those participating were Drs. Paul V. Evans and Edward B. Smith, Indianapolis; James M. McFadden, Lafayette; Lall G. Montgomery, Muncie; and R. Perry Reynolds, Garrett.

Legal aspects of homicide investigation were discussed by Professor Richard Myren, chairman of the Department of Police Administration at Indiana University.

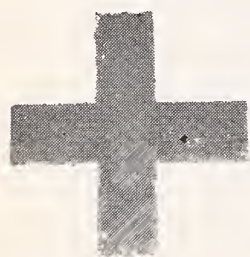
Captain John P. McCrory, head of the State Police investigation division, spoke at each of the seminars on the role police officers play in homicide investigations.

## COOPERATION NECESSARY

The seminars were presented, Lt. Davis said, "to stimulate cooperation between official groups in combating this type of crime." The importance of interchange of information between the related groups was stressed in the individual talks and by means of visual aids. A display of such aids was prepared by the Indiana State Police laboratory and public relations sections.

The first seminar was held in the War Memorial, Indianapolis, on October 28. Others which followed were presented October 29 in FOP Hall, Muncie; October 30, City Hall, Columbia City; October 31, National Guard Armory, LaPorte; November 1, Agriculture Hall, Purdue University, West Lafayette; November 4, in convention hall, Clay County Courthouse, Brazil; November 5, American Legion Home, Jasper; November 6, American Legion Home, Jeffersonville; November 7, YMCA, Connersville; and November 8 in Donner Center, Columbus.

All seminars began at 1 p.m. and ended with a panel discussion at 4:20 p.m.



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# Mental Health Conference to Hear Prominent Maryland Psychiatrist

**P**SYCHIATRY'S ROLE in the problem of capital punishment will be discussed by a Maryland psychiatrist at an American Medical Association meeting on mental health November 22-23.

Dr. Manfred S. Guttmacher, Baltimore, will speak on psychiatry and capital punishment at the fourth annual Conference of Mental Health Representatives of State Medical Societies at Chicago's Drake Hotel. He will speak at a banquet Friday evening, November 22.

Dr. Guttmacher is chief medical officer of the Supreme Bench of Baltimore and former advisor on psychiatric problems to the Supreme Court of Maryland. An associate clinical professor of psychiatry at the University of Maryland, Dr. Guttmacher is a recent winner of the Isaac Ray Lectureship Award of the American Psychiatric Association. The award is given

annually to a psychiatrist, lawyer or judge for contributing to better understanding between psychiatry and the law.

The general session of the conference will open with a short address by Dr. George F. Lull, Chicago, A.M.A. secretary-general manager.

The representatives—between 80 and 100 are expected—will then form into small discussion groups. The topics they will discuss are:

The role of the general practitioner in relation to specific psychiatric cases; Blue Cross-Blue Shield and other voluntary health insurance plans for the psychiatric patient; the relationship of the psychiatrist in private practice to the general hospital in his community, and psychiatric and related mental health problems in industry.

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# Deaths . . .

**William E. Hastings, M.D.**, 90, who practiced in Mt. Vernon and Posey county for many years before his retirement, died September 13 in Encino, California. He had been seriously ill only a week.

Dr. Hastings was born in Posey county, educated at DePauw University, and then obtained his degree in medicine at Washington University School of Medicine, St. Louis, in 1897. While in internship in St. Louis he was among the pioneer workers with x-ray. Burns suffered at this time later caused the amputation of a hand. Dr. Hastings established his practice in Mt. Vernon in 1900 and remained in active practice until 1939. In 1941 he went to California to live. Burial was in Mt. Vernon.

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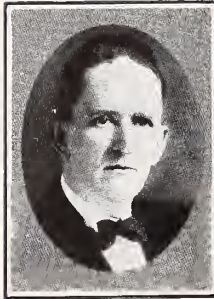
**Charles E. Thomas, M.D.**, Kosciusko county's oldest practicing physician, died September 22 in Murphy Medical Center, Warsaw. He was 82. Dr. Thomas suffered a stroke in his Leesburg office two days before his death.

Born in Cass county, he lived in Galveston before establishing his practice and residence in Leesburg in 1900. He had received his degree in medicine that year from the Fort Wayne College of Medicine.

Dr. Thomas had a long record of service to his community and participation in medical organizations, church and lodge orders. He was a Fifty Year Club member of the Indiana State Medical Association, and also had received 50-year pins from the Masonic lodge and Order of the Eastern Star. He was an honorary life member of Kiwanis Club and had served his church as Sunday School superintendent for several years. In 1952 citizens of Kosciusko county honored him with a "Dr. Thomas Day" celebration.

He was a senior member of Kosciusko County Medical Society, the Indiana State Medical Association and the American Medical Association.

E. W. Thomas, M.D., Warsaw, is a son.



**Charles E. Gillespie, M.D.**, shown left, in official photograph used in 1929 when he served as president of the Indiana State Medical Association.

**Charles E. Gillespie, M.D.**, 80, president of the Indiana State Medical Association in 1929, died September 23 in his home in Seymour following an illness of several months. Dr. Gillespie retired recently after being in the practice of ophthalmology and otolaryngology since 1901.

A native of Jackson county, he was graduated from Central College of Physicians and Surgeons in Indianapolis in 1901. He established his practice in Crothersville where he remained for several years. Dr. Gillespie was a veteran of World War I. He established his practice in Seymour in 1923. Since that time he had taken an active part in the county and state medical organizations, having served on the Council and Executive Committee before becoming president and on several committees since that time. He was on the 1956-57 Committee on Grievances.

Dr. Gillespie was a Fifty Year Club member of Indiana State Medical Association, a senior member of Jackson County Medical Society, the state organization, and American Medical Association.

He also held memberships in veterans, fraternal and lodge organizations.

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**D. Monroe Reynolds, M.D.**, 80, Garrett's senior physician in age and service to the community, died October 5 in his home. He had several heart attacks during the last three years and had been in critical condition for several weeks. He had been in limited practice.

Born near Georgetown, Illinois, Dr. Reynolds attended the Medical College of Indiana at



Indianapolis where he received his degree in 1900. After internship at St. Vincent's Hospital, Indianapolis, he began practice in Cayuga, then moved to Clayton and to Indianapolis, before enlisting in the Army Medical Corps during World War I. He held the rank of captain. Following the war, Dr. Reynolds entered practice in Garrett where he specialized in ophthalmology and otolaryngology.

In addition to his profession, Dr. Reynolds had varied civic interests. He was a past president of Lions Club, past president of the Chamber of Commerce, former district commander of the American Legion, had been a member of the Garrett library board for many years, and in connection with his profession had been physician for the B. and O. railroad for 35 years. He also was a member of several lodge groups.

Dr. Reynolds became a Fifty Year Club member of Indiana State Medical Association in 1950, was a senior member of the DeKalb County Medical Society, the Indiana State and American Medical Associations. He was also a member of the Northeastern Indiana Academy of Medicine.

R. Perry Reynolds, M.D., Garrett, is a son.

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**J. William Wright, M.D.**, 1952 president of the Indiana State Medical Association, and for many years one of the state's most prominent otolaryngologists, died October 23 in Memorial Clinic, Indianapolis, where he had been admitted two days earlier following an esophageal hemorrhage. He was 70.

In addition to the recognition he had acquired for his professional accomplishments, Dr. Wright had achieved an unusual record of service to the county and state medical organizations, and for his community activities. He provided vigorous leadership in the Indianapolis Hospital Development Association, heading the medical division, and aiding in the establishment of Community Hospital of which he was a director.

Born in Chatsworth, Ontario, Canada, Dr. Wright came to Indianapolis with his family in 1894. One of his first civic interests was the Indianapolis Newsboys Band in which he was



**J. William Wright, M.D.**  
(Official photograph  
taken in 1952 when Dr.  
Wright served as ISMA  
president.)

a soloist and for which he worked throughout the years.

Graduated from Indiana University School of Medicine in 1911, he served his internship at Methodist Hospital and was licensed the following year. Early in his practice he was associated with Dr. Lafayette Page. Dr. Wright took postgraduate work in otolaryngology in New York, Chicago and Philadelphia.

During his career, Dr. Wright, in addition to the presidency of I.S.M.A., was president in 1947 of Indianapolis Medical Society, had been a member and chairman of the council of that group, and had served almost continuously since 1933 on the Public Policy and Legislative Committee of the state association, much of the time as co-chairman. He had been tireless in his efforts to keep standards of the medical profession high and was known to state legislators as a genuine foe of quackery in any form.

Professional affiliations included the local and state medical organizations, the American Medical Association, American and International Colleges of Surgeons, American and Indiana Academies of Ophthalmology and Otolaryngology and American Triological Society.

Dr. Wright also held membership for many years in high Masonic orders, the Indianapolis Athletic Club, Athenaeum, Highland Golf and Country Club, Chamber of Commerce and Press Club. He had served several years on the Indianapolis Police and Firemen's Merit Board.

His son, J. William Wright, Jr., M.D., was associated with him in the private practice of otolaryngology in the Hume Mansur Building where Dr. Wright had maintained offices for many years.



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# The Fourth Estate Looks at Medicine

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

## A DEBT OF GRATITUDE

Medical authorities in dealing with the Asian flu epidemic, threatened for many months, have been between the devil and the deep blue sea. If medical authorities don't take a potential threat to national health seriously and the threat materializes, severe criticism results. If they do take it seriously and it doesn't materialize, severe criticism also results. But conscientious health authorities can only do one thing in such situations, namely, play safe.

In the light of the history of the Spanish flu epidemic during World War I, no health authority could take an indifferent attitude toward any threatened repetition of anything even resembling it. That epidemic was a very serious and tragic one, not only causing much suffering but many deaths and serious after-effects.

Medical and pharmaceutical organizations are criticized if they develop vaccines and ask the public to take them, the charge being made that doctors and the drug houses are trying to make money out of misfortune. Yet if the doctor and drug houses aren't prepared to give such vaccines when they are needed, gross carelessness is charged.

The patient who asks his doctor to tell him what kind of influenza he has is needlessly curious. The doctor himself probably doesn't know, but is content with the one fact that the patient ought to be content with at the time, namely that he's sick. The doctor and the patient have the one important thing in common, namely, to put the patient back on his feet again.

The most effective treatment that the doctors have for influenza that has already hit might well be: Assume a horizontal position between bed sheets and maintain it. Of course if you don't care much either for yourself or anyone else, do your best to stay on the job and make everyone else sick and yourself sicker. This, however, is an inverse working of the Golden Rule.

There is good reason to believe that within a very few years, the researchers in pharmaceutical houses, are going to come up with effective vaccines for most types of respiratory infections, leaving the public with only the general hazards of heart attacks, cancer and automobile accidents.

The progress that has already been made in the treatment of human ailments would seem incredible to doctors of fifty years ago. You were in serious trouble not too many years ago if you contracted pneumonia, a strep infection or anything of the sort. Today, with the so-called miracle drugs these ailments are easy to lick if detected in time. Appendicitis is becoming increasingly uncommon and when it occurs, it is just another easy, safe operation in most cases.

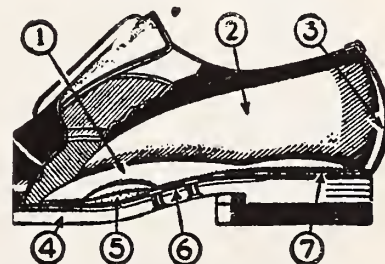
Despite all the criticism that is directed at the medical profession these days, the public owes a debt of gratitude for the progress that has been made. It is no wonder that life insurance companies have been showing a profit with the increases that have been given to the life span by medical progress.

No doctor, of course, is ever going to give any human being physical immortality, nor stretch the human life span much beyond what it is now. But most doctors today have it within their power to eliminate many of the ills which were very common only a generation ago.

—Cliff Ward in Fort Wayne News-Sentinel

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# NEWS NOTES—from State and Nation

## New Medical Journal— “Arthritis and Rheumatism”

The American Rheumatism Association announces the forthcoming publication of a new medical journal under the title of “Arthritis and Rheumatism”. The periodical will appear bi-monthly, the initial issue will be for January-February, 1958. The journal will cover the field of connective tissue disorders. Dr. William S. Clark has been selected as editor. Original articles will be balanced between those relating to clinical experience and those dealing with the related basic sciences.

**Dr. Paul R. Honan**, who recently completed a residency in ophthalmology at Indiana University Medical Center, is now in private practice in Lebanon where he shares a recently completed office building with Dr. C. G. Kern. Dr. Honan was graduated in 1946 from Hahnemann Medical College and Hospital, Philadelphia. He practiced

in Lebanon from 1948 until 1953 when he entered the U. S. Army for two years service.

For the present, Dr. Honan is spending each morning in Crawfordsville where he is caring for the practice of Dr. Stephen J. Alexander, who is on extended vacation.

**Dr. L. F. Fisher**, South Bend radiologist since 1924, has now limited his practice to x-ray work at Murphy Medical Center, Warsaw, and Sturgis Memorial Hospital, Sturgis, Michigan. He will devote Monday and Thursday each week to the Warsaw hospital, and Wednesday and Friday to the Sturgis hospital.

Announcement of Dr. Fisher’s addition to the Murphy Medical Center staff was made by Mrs. Hazel J. Murphy, president, who said it was the first step in a long range program of expansion and improvement. Murphy Medical

*Continued*

## *Indiana Office Moves to Larger Quarters*

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Many come just to bathe in the mineral waters, getting away from business or social activities while others prefer seeing a physician to aid them in the proper hydrotherapy treatments.

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*Medical Staff:*

M. C. PITKIN, M.D., *Director*

J. W. GIBBS, M.D.

*Information upon request*

HOME LAWN MINERAL SPRINGS

MARTINSVILLE, INDIANA



Center and former McDonald Hospital staffs merged earlier this year.

Dr. Franklin M. Booth, a plastic surgeon, has opened offices in the Sherland Building, South Bend. He is a native of St. Louis, a 1950 graduate of St. Louis University School of Medicine and served his internship at Missouri Baptist Hospital, St. Louis. Dr. Booth served residencies at Western Pennsylvania Hospital, Pittsburgh, the U. S. Veterans Hospital at St. Louis, and just completed a residency in plastic and reconstructive surgery at the Indiana University Medical Center.

Appointment of Dr. R. A. Fargher to the LaPorte city board of health to succeed Dr. R. F. Wilcox was announced recently. Other members of the board are Drs. G. O. Larson and H. D. Hinshaw, city health officer.

The Porter County Medical Society and Valparaiso University have announced the selection of Prof. Robert J. Kustner of the uni-

versity's biology department as director of the 1958 Northwest Indiana Regional Science Fair. He succeeds Dr. William Bloom. The Northwest fair will be held March 22 in the Valparaiso University gymnasium. Lake County entrants in Science Fair competition will stage their own fair this year, withdrawing from the Northwest Regional group.

Dr. Robert W. Wissler, formerly of Richmond, has been named chairman of the University of Chicago department of pathology. He succeeds Dr. Paul R. Cannon, who retired recently. Dr. Wissler was born in Richmond and received the A.B. degree at Earlham College. Subsequently he received the M.S. degree from the University of Chicago, and later the Ph.D. and M.D. degrees from the same school.

Dr. Richard K. Parrish has reopened his offices at 238 South Second Street, Decatur, after completing postgraduate work at Indiana University Medical Center. He spent the last year in advanced work in eye surgery and gen-

## in spasticity of the GI tract



### **Pavatrine<sup>®</sup>** 125 mg. **with Phenobarbital** 15 mg.

- *is an effective dual antispasmodic*
- *combining musculotropic and neurotropic action plus mild central nervous system sedation for "the butterfly stomach."*

**dosage:** one tablet before each meal and at bedtime.

**SEARLE**

eral surgery. His offices have been completely remodeled.

---

**Dr. Lloyd Hill** recently completed two years military service at White Sands Proving Grounds, New Mexico, and was scheduled to reopen his office in Denver, Miami county, around October 14.

---

**Dr. Robert D. Dormire**, who has just completed two years with the Army Medical Corps, has arrived in Warsaw where he has entered the general practice of medicine, with offices in the former Red Cross headquarters. Dr. Dormire received his medical degree from Ohio State University College of Medicine at Columbus in 1954. He served his internship at Los Angeles County Hospital in California before entering service. Dr. and Mrs. Dormire and their daughter will reside in the Hersher addition to Warsaw after November 1.

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**Dr. Dan Urschel**, Mentone, has been named to the section on rehabilitation of the international college, according to an announcement by Dr. Burgess L. Gordon, Philadelphia, president of the American College of Chest Physicians. The section on rehabilitation serves under the committee on cardiovascular diseases of the college.

---

**Dr. Roy A. Geider** has been reelected president of the medical staff of Indianapolis' year-old Community Hospital. Named to serve with him are **Dr. C. Powell Van Meter**, vice-president; and **Dr. C. O. McCormick, Jr.**, secretary-treasurer.

## Two Staff Additions Made at Mead Johnson & Company

Appointment of Dr. Frank L. Lyman as assistant medical director of the nutritional and pharmaceutical products division of Mead Johnson & Company, Evansville, was announced recently by Dr. W. D. Snively, Jr., vice-president and medical director.

Dr. Lyman, a native of Springfield, Illinois, recently completed two years duty as a pediatrician in the U. S. Navy, assigned to the Beaufort, South Carolina, naval hospital. He held the rank of lieutenant-commander.

Dr. Lyman is a 1946 graduate of Hahnemann Medical College at Philadelphia. He practiced for eight years in Iowa, first as college physician, instructor and athletic coach at William Penn College and then for seven years in private practice in Fort Madison.

Dr. and Mrs. Lyman and their six children are living at 419 North Barker avenue in Evansville.

A later announcement from Dr. Ben King Harned, vice-president for research for Mead Johnson, reported the appointment of Dr. Thomas C. Fleming as director of clinical research. In that post, Dr. Fleming will be responsible for initiating and coordinating all clinical testing of new products and will maintain liaison with medical institutions and physicians for the evaluation of new products.

A native of Chicago, Dr. Fleming received his M.D. degree from Columbia University College of Physicians and Surgeons in 1945. He interned at St. Luke's Hospital in New York, spent two years in the army, then returned to the College of Physicians and Surgeons as an in-

*Continued*



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Medical Director

**Barclay J. MacGregor**  
Registrar

**21 Geneva Road, Wheaton, Ill.**  
**(near Chicago)**





*just two tablets  
at bedtime*

*for gratifying  
rauwolfia response  
virtually free from side actions*

***Rauwiloid<sup>®</sup>***



structor in physiology for two years. For the last seven years he has been with Hoffman-La Roche, Inc., at Nutley, New Jersey.

Dr. and Mrs. Fleming and their four children are living in Evansville.

**Fifty-three members** of Lake County Medical Society and several pharmacists visited the Parke-Davis plant at Detroit September 24 to observe the processing of Asian flu vaccine.

**Postgraduate Course in  
Ophthalmology Offered**

A course of interest to both specialists in ophthalmology and general practitioners will be presented December 11 and 12 in the North Clinic Building at Cleveland Clinic by the Frank E. Bunts Educational Institute.

Registrations will be limited to 125.

Several guest speakers will appear on the program in addition to regular members of the Cleveland Clinic staff.

Outside lecturers will be Dr. A. D. Ruedemann, head of the department and professor of ophthalmology at Wayne University College of Medicine, Detroit; Dr. Brendan D. Leahey, surgeon, Massachusetts Eye and Ear Infirmary and Massachusetts General Hospital and clinical associate in ophthalmology, Harvard Medical School; Dr. James S. Shipman, clinical professor of ophthalmic surgery, Graduate School University of Pennsylvania and associate professor of ophthalmology, Jefferson Medical College of Philadelphia; Dr. Webb Chamberlain, assistant clinical professor of ophthalmology, Western Reserve University School of Medicine, Cleveland; and Dr. Lorand V. Johnson, professor of ophthalmology, Western Reserve University School of Medicine, Cleveland.

Ten members of the Cleveland Clinic staff will participate in the program.

Registrations should be sent to Registrar, The Frank E. Bunts Educational Institute, 2020 East 93rd Street, Cleveland 6, Ohio, with a \$5.00 deposit on the \$20.00 registration fee. Interns, residents and members of the armed forces in uniform will be admitted free.

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**For the Diagnosis and Treatment of Psychiatric Disorders  
and with  
Limited Facilities for the Aging**

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optimal concentrations at site of infection; avoids crystalluria

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active against wide range of urinary pathogens, including staphylococci, gonococci, Escherichia coli

## QUICK SYMPTOMATIC RELIEF

hyoscyamus component quickly relieves pain and burning

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low degree of acetylation; no forcing of fluids or alkalization needed

# Uronamide

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**DOSAGE:** Adults—2 tablets or 2 tsp. q.i.d. first 2 days, thereafter, 1 tablet or 1 tsp. q.i.d.

**Children**—1 cc. (16 drops) syrup per 10 lb. body weight first 2 days, thereafter, 0.5 cc. (8 drops) per 10 lb. **SUPPLIED:** Tablets, bottles of 50 and 500. Syrup, 1-pt. and 1-gal. bottles.

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Decatur, Illinois

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GRAPH OF COMPARATIVE SOLUBILITIES

pH

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5.5

6.0

6.5

7.0

"Sulfamethylthiadiazole... effective chemotherapeutic agent in urinary infection... tolerated quite well... bacterial spectrum is comparable to that of sulfadimethine and sulfisoxazole."<sup>1</sup>

"[Sulfacetamide]... among the least toxic but one of the most effective of the sulfonamides against urinary tract pathogens."<sup>2</sup>

1. Hughes, J., et al.: *South. M. J.* 47:1082, 1954.  
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# Society Reports

## INDIANA STATE MEDICAL ASSOCIATION

### EXECUTIVE COMMITTEE

(Meeting held at French Lick-Sheraton Hotel,  
French Lick, Indiana)

October 6, 1957

Meeting called to order at 12 noon.

Roll call showed the following present: James W. Denny, M.D., chairman; E. H. Clauser, M.D.; Elton R. Clarke, M.D.; M. C. Topping, M.D.; Guy A. Owsley, M.D.; O. W. Sicks, M.D.

Albert Stump, attorney; James A. Waggener, executive secretary.

Minutes of the meetings held September 4 and 23, 1957, were approved on motion of Drs. Clauser and Topping.

#### Membership Report:

Number of members October 4, 1957	4,113*
Number of members October 4, 1956	4,026
Gain over last year	87
Number of members December 31, 1956	4,049

- \* Includes 91 in military service (gratis)
  - 154—\$10 members (residents and interns)
  - 291—senior members
  - 71—members, dues remitted by Council
  - 1—honorary member

#### Number who have paid AMA dues:

September, 1957	3,944**
September, 1956	3,842
Gain	102

- \*\* Includes 651 exempt members (gratis)
  - 410 prior to 1/1/57
  - 241 so far this year

Additional AMA members needed to give Indiana another delegate 57

#### Treasurer's Office

Statement of Receipts and Expenditures for September, 1957, was approved by consent.

#### Legislative Matters

*National.* The secretary reported on HR 9467 and the material received from the AMA relative to this bill.

*Local.* The secretary reported on the activities of the chiropractic group and their meetings in which they are publicly stating they will seek their own board in the 1958 session.

#### Annual Convention, French Lick, October 7, 8 and 9, 1957

The sale of exhibit space for the annual convention was noted.

#### Organization Matters

Letters from Mr. Hollowell regarding his findings concerning the legal and tax liability of the Association in a building program was read, and copies given to the treasurer and the chairman of the Council and other copies ordered filed.

Letter from Dr. Austin Smith, editor of The Journal of the AMA, regarding the Vanderburgh County resolution was read and contents noted.

Letter from Dr. Truman Caylor regarding the advisability of establishing a clearing house in the Association for physicians interested in fulfilling short-term obligations in missionary hospitals throughout the country was approved by consent. The secretary was instructed to cause the article to be published in The JOURNAL.

The committee was informed that the president's speech had been approved by the committee designated to review his speech.

#### Future Meetings

*Medical Civil Defense Conference*, sponsored by AMA Council on National Defense, Chicago, November 9 and 10, 1957. The secretary read the invitation of the AMA for a representative to attend the Eighth Annual County Medical Societies Civil Defense Conference, to be held in Chicago on November 9 and 10, 1957. On motion of Drs. Topping and Clarke, it was voted that Dr. Glen Ward Lee should be asked to attend this meeting.

There being no further business the committee adjourned, to meet again following the Council meeting and at the close of the final session of the House of Delegates, Wednesday, October 9, 1957.

*Continued*



in bronchial asthma and respiratory allergies

specify the buffered "predni-steroids"  
to minimize gastric distress

*combined steroid-antacid therapy . . .*

'Co-Deltra' or 'Co-Hydeltra' provides all the benefits of "predni-steroid" therapy and minimizes the likelihood of gastric distress which might otherwise impede therapy. They provide easier breathing—and smoother control—in bronchial asthma or stubborn respiratory allergies.

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of prednisone or  
prednisolone, plus  
300 mg. of dried  
aluminum  
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**Co-Deltra<sup>®</sup>**  
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4 years	\$ 4.00
3 years	3.25
1 year	1.50

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EXECUTIVE COMMITTEE, INDIANA STATE  
MEDICAL ASSOCIATION, HELD AT THE  
FRENCH LICK-SHERATON HOTEL,  
FRENCH LICK, INDIANA

October 9, 1957

Meeting called to order immediately following adjournment of the House of Delegates and the Council.

Roll call showed the following present: M. C. Topping, M.D., president; Kenneth L. Olson, M.D., president-elect; Guy A. Owsley, M.D., chairman of the Council; O. W. Sicks, M.D., treasurer; E. H. Clauser, M.D.; Frank B. Ramsey, M.D., editor of The JOURNAL.

Meeting called to order by Dr. Owsley as chairman of the Council.

The order of business was for the election of a chairman of the Executive Committee. Dr. Ramsey was asked to assume the chair, and upon motion of Drs. Owsley and Topping, Dr. E. H. Clauser was elected chairman of the Executive Committee.

There being no further business, the meeting was adjourned.



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Now — 20 to 1 Androgen-Estrogen  
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Methyltestosterone.....	2 mg.	Thiamine Hcl.....	2 mg.
Ethinyl Estradiol.....	0.01 mg.	Riboflavin.....	2 mg.
Ferrous Sulfate.....	50 mg.	Pyridoxine Hcl.....	0.3 mg.
Rutin.....	10 mg.	Niacinamide.....	20 mg.
Ascorbic Acid.....	30 mg.	Manganese.....	1 mg.
B-12.....	1 mcg.	Magnesium.....	5 mg.
Molybdenum.....	0.5 mg.	Iodine.....	0.15 mg.
Cobalt.....	0.1 mg.	Potassium.....	2 mg.
Copper.....	0.2 mg.	Zinc.....	1 mg.
Vitamin A.....	5,000 I.U.	Choline Bitartrate.....	40 mg.
Vitamin D.....	400 I.U.	Methionine.....	20 mg.
Vitamin E.....	1 I.U.	Inositol.....	20 mg.
Cal. Pantothenate.....	3 mg.		

Write for Latest Technical Bulletins.

\*REFERENCE: J.A.M.A. 163: 359, 1957 (February 2)

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visit with a user of the Picker Anatomic Century x-ray unit you'd soon know why this remarkable "new way in x-ray" machine has come so far so fast.



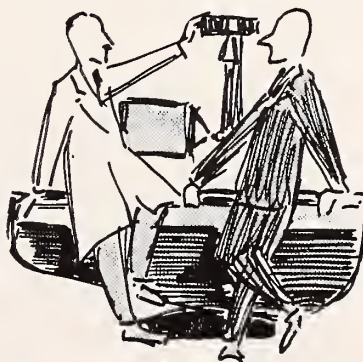
He'd probably tell you first how incredibly easy it is to use (just dial the body part and set its thickness... then press the button). He might sigh with relief at having no charts to consult, no calculations to make (the anatomic principle does all the tedious "figgerin" for you).

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He might even touch on the peace-of-mind that comes of having a local Picker office so near, with a trained Picker expert always on call for help and counsel

and there'd be no mistaking the light in his eye when it falls on the handsome big-name unit whose fine appearance adds so much to the impressiveness of his office.



P.S. Somewhere along the line the matter of price would come up ... he'd most likely comment on how little he paid to get so much. Or he might even be among those who rent their x-ray machine (Picker has an attractive rental plan, you know).

P.P.S. Next best thing is to call your local Picker man in and let him tell you about this great new machine (find him in your 'phone book) or write Picker X-Ray Corporation, 25 South Broadway, White Plains, N. Y.

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# ARALEN<sup>®</sup> *in* RHEUMATOID ARTHRITIS

*Extensive studies of rheumatoid arthritis and related collagen diseases—in this country and abroad—have shown the antimalarial Aralen phosphate to be highly effective and well tolerated in a large percentage of patients.*

## Clinical Results with Aralen in Rheumatoid Arthritis

Author	No. of Cases	Major Improvement	Minor Improvement	No Effect
Haydu <sup>1</sup>	28	22	5	1
Rinehart <sup>2</sup>	25	12	4	9
Freedman <sup>3</sup>	50	43	3	4
Bagnall <sup>4</sup>	108	77	12	19
Bruckner <sup>5</sup>	36	32	0	4
Cohen and Calkins <sup>6</sup>	22	17	3	2
Scherbel et al. <sup>7</sup>	25	9	8	8
Total	294	212 (72%)	35 (12%)	47 (16%)

- Success dependent upon persistent treatment
- Often of benefit where other agents have failed
- Remissions on therapy well maintained
- Remission of 3 to 12 months possible even if treatment is interrupted
- Tachyphylaxis not evident

### GENERAL EFFECTS:

- Patient feels better
- Patient looks better
- Exercise tolerance increases
- Walking speed and hand grip improves

### LABORATORY EFFECTS:

- E. S. R. may fall slowly
- Hemoglobin level may gradually rise

### ANALGESICS AND STEROIDS:

- Requirements usually reduced or eliminated

### JOINT EFFECTS:

- Pain and tenderness relieved
- Mobility increases
- Swellings diminish or disappear
- Muscle strength improves
- Rheumatic nodules may disappear
- Even severe or advanced deformity may improve
- *Active* inflammatory process usually subsides
- Joint effusion may diminish

### DOSAGE:

Aralen is cumulative in action and requires four to twelve weeks of administration before therapeutic effects become apparent.

Latest information indicates that an initial dose of 250 mg. of Aralen phosphate is preferred to the higher doses sometimes recommended. However, if side effects appear, withdraw Aralen for several days until they subside. Reinstate treatment with 125 mg. daily and, if well tolerated, increase to 250 mg. The usual maintenance dose is 250 mg. daily.



# New Chemotherapy

## INDICATIONS:

- Rheumatoid arthritis, acute or chronic—with or without adjunctive therapy.
- Spondylitis
- Arthritis associated with lupus erythematosus or psoriasis

## HOW SUPPLIED:

**Aralen phosphate:** 250 mg. tablets in bottles of 100 and 1000.  
125 mg. tablets in bottles of 100.

## Tolerance:

Aralen is usually well tolerated. Toxic effects are usually mild and to date have been transitory in nature, disappearing completely either on continuance or cessation of therapy or on reduction in dosage.

Gastrointestinal disturbances (e.g. nausea, rarely vomiting, diarrhea, abdominal cramps, anorexia) are frequent manifestations of intolerance. Temporary blurring of vision (due to interference with accommodation) is also relatively frequent.

Pleomorphic skin eruptions (e.g. lichenoid, maculopapular, purpuric), although generally mild, may preclude the use of an optimum dosage schedule. If a skin reaction persists on a reduced dosage schedule, or recurs after reinstitution of treatment with gradually increasing doses, discontinue Aralen till the lesion again disappears and consider resuming treatment with Plaquenil® (brand of hydroxychloroquine).

Less frequently transitory vertigo, headache, lassitude, or neurological disturbances, such as nervousness, irritability, emotional change, and nightmares have been reported. Instances of unexplained slight gradual weight loss as the patient's general health and arthritic condition improved have been mentioned. Occasional instances of bleaching (depigmentation) of the hair have been described.

Although an occasional instance of leukopenia, with normal differential count, has been reported (WBC about 3000), it has not proved troublesome because it has always been reversible on discontinuance, or diminution of the dose. Even spontaneous reversal may occur while full dosage is maintained.

## THEORY OF ACTION:

Aralen appears to suppress or induce remission of rheumatoid inflammatory processes by inhibiting adenosinetriphosphatase.

## Caution:

Aralen is known to concentrate in the liver and, although hepatic damage has never been reported, the drug should be used with caution in the presence of liver disease. In the presence of severe gastrointestinal, neurological, or blood disorders, the drug should be used with caution or not at all. If such disorders occur during the course of therapy, the drug should be discontinued. Concomitant use of gold or phenylbutazone with Aralen should be avoided because of the tendency of these agents to produce drug dermatitis.

## Clinical Comments:

Of fifty patients receiving Aralen therapy, "43 have become really well; that is, they have no stiffness, and any pain that occurs can reasonably be attributed to use of joints affected by secondary degenerative changes. They have no evidence of joint inflammation, but may have a raised erythrocyte sedimentation rate. They have little or no need for analgesics."

Freedman<sup>3</sup>

"One hundred and twenty-five private patients have been carefully followed clinically and haematologically while receiving well over 200 patient-years of chloroquine [Aralen] therapy. The results are considered good in 70%, one-half of these cases being in remission. Improved work performance, sedimentation rate, and hemoglobin levels paralleled the major objective gain in this 70%. 90% of them remained on chloroquine [Aralen] therapy, half for more than two years. Classical peripheral rheumatoid arthritis, spondylitis, arthritis of juvenile onset, and rheumatoid disease with psoriasis, all appeared to respond about equally well.

"It is suggested that chloroquine comes closer to the ideal for long-term, safe, control of rheumatoid disease than any other agent now available."

Bagnall<sup>4</sup>

"Out of the 36 rheumatoid arthritis cases we treated . . . favorable results were obtained in 32 cases.

Bruckner et al.<sup>5</sup>

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7. Scherbel, A. I., Schuchter, S.L., and Harrison, J.W.: Comparison of effects of two antimalarial agents, hydroxychloroquine sulfate and chloroquine phosphate, in patients with rheumatoid arthritis, *Cleveland Clin. Quart.* 24:98, April, 1957.

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# District Meeting Reports

## SEVENTH COUNCILOR DISTRICT

The fall meeting and annual election of the Seventh District Medical Society was held October 1 in the Indianapolis Athletic Club. The meeting was scheduled for 5 p.m. preceding the regular dinner meeting of the Indianapolis (Marion county) Medical Society.

The treasurer's report was read and accepted by consent.

Dr. Leon Gray, Martinsville, was named president-elect. He will assume office following the 1958 fall meeting.

Dr. Arthur W. Records, Franklin, was re-elected secretary-treasurer of the district society.

During the brief business session, Dr. Ralph V. Everly, district councilor, read several resolutions which were to be presented to the House of Delegates at the annual convention of Indiana State Medical Association. A general discussion followed with members voting to endorse two resolutions and to remain neutral on a third.

The Seventh Councilor District includes Hendricks, Marion, Johnson and Morgan counties.

Dr. Edward Rynearson of the Mayo Clinic, Rochester, Minnesota, was the guest speaker for the evening program.

Dr. Malcolm O. Scamahorn, Pittsboro, assumed the presidency succeeding Dr. T. V. Petranoff, Indianapolis, who presided at the meeting.

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Generously  
to  
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**O**UR Policy embraces the belief that the Diagnosis and Treatment of Deafness lies within the special province of the Physician and, particularly, of the Otologist. We believe that our services complement those of the medical profession, therefore TELEX will always conduct its business so as to merit the Doctor's confidence.

- Audiometric Service.
- Monaural and binaural fittings with new style ear-level aids.
- TELEX Hearing Aids range in price from \$179.00 to \$319.00, meeting the needs of all types of hearing losses.
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- Convenient time payments are available.

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In the nonhormonal treatment of arthritis and allied disorders no agent surpasses BUTAZOLIDIN in potency of action.

Its well-established advantages include remarkably prompt action, broad scope of usefulness, and no tendency to development of drug tolerance. Being nonhormonal, BUTAZOLIDIN causes no upset of normal endocrine balance.

BUTAZOLIDIN relieves pain,  
improves function,  
resolves inflammation in:  
Gouty Arthritis  
Rheumatoid Arthritis  
Rheumatoid Spondylitis  
Painful Shoulder Syndrome

BUTAZOLIDIN being a potent therapeutic agent, physicians unfamiliar with its use are urged to send for detailed literature before instituting therapy.

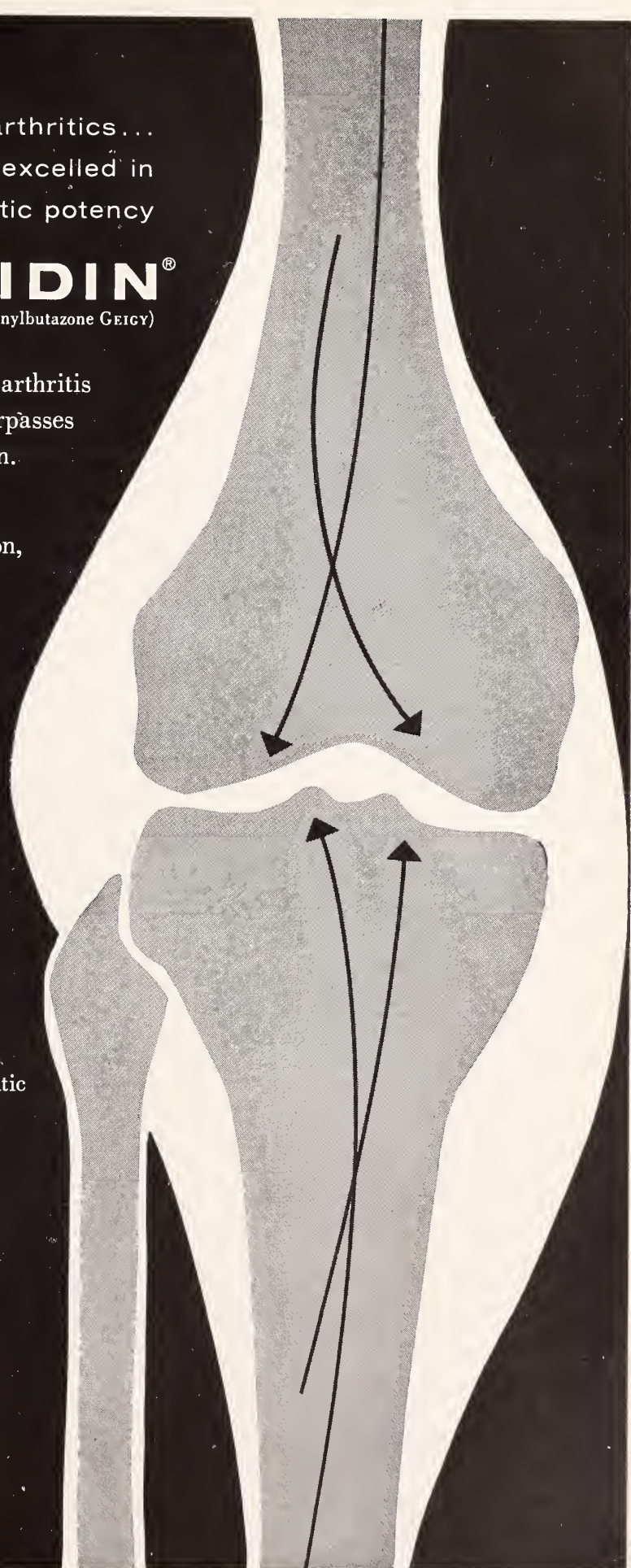
BUTAZOLIDIN<sup>®</sup> (phenylbutazone GEIGY). Red coated tablets of 100 mg.

### **GEIGY**

Ardsley, New York.



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# News from the County Societies

Dr. Alton Ochsner, New Orleans, who has done extensive research on the relationship between smoking and lung cancer, spoke to 150 members of the **Fort Wayne (Allen County) Medical Society** on October 1.

Dr. Ochsner, professor of surgery at Tulane University School of Medicine, president of Alton Ochsner Medical Foundation in New Orleans, and director of surgery of Ochsner Clinic and Hospital, presented a paper on "Relationship of Smoking and Cancer and Cardiovascular Disease".

The dinner meeting was held in the Fort Wayne Shrine Club.

A business meeting of the **Fountain-Warren County Medical Society** was held October 3 in the Attica Hotel, Attica, with 10 members present. Routine affairs of the society were discussed following dinner. Plans were announced

for a joint dinner meeting on November 7 of members and their wives with representatives of Indiana Blue Cross-Blue Shield plans.

Dr. J. Frank W. Stewart of Hillcrest Hospital, Vincennes, was the guest speaker at **Gibson County Medical Society** dinner meeting on September 11 in the Emerson Hotel, Princeton. He presented a review of the tuberculosis situation and discussed treatment of the disease. Thirteen members of the society attended the meeting.

Members of the **Jackson County Medical Society** attended a special meeting held in the Seymour Elks Club September 11 for the purpose of publicly discussing the merits of a city-county health department.

Dr. Harry Baxter, president of the society, presided at the meeting which was attended by physicians, representatives of Jackson county government and the city of Seymour.

Dr. David L. Stone of the Indiana State Board of Health, and Dr. Wilson L. Dalton, Shelby county health officer, discussed at length the advantages of a combined health department.

The need for action on the proposal was highlighted following the resignation of the health officer in July and the inability to secure a successor. Previously, county commissioners had voted to table the matter until next year.

Fifteen Lawrence county physicians attended the regular monthly luncheon of the **Lawrence County Medical Society** on October 2 in Dunn Memorial Hospital, Bedford. Only routine business was transacted.

The first "in-plant" meeting of the **Indianapolis Medical Society** was held October 15 in the office cafeteria of Plant No. 3, Allison Division, General Motors Corporation.

Guided tours of the GMC "Powerama" began

*Continued*

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## County Society Reports (continued)

at 5 o'clock followed by dinner in the cafeteria as guests of the Allison Division.

Dr. James Leffel, president of the society, was in charge of the meeting.

Dr. E. B. Lamb voiced official thanks of the society for the hospitality and then introduced Dr. Kenneth G. Kohlstaedt who announced that Dr. Paul Dudley White, Boston heart specialist, would be the guest speaker for the Indianapolis Medical Society meeting on October 28; and that guest speakers on November 12 would be Dr. Russell Cecil, medical director of the Arthritis and Rheumatism Foundation, and Dr. Ronald W. Lamont-Havers, associate director.

Dr. Lamb then introduced Dr. Edwin J. Nugent, Allison Division medical director, who presented E. B. Newell, general manager; Harold Dice, assistant general manager; Robert Martz, personnel director, and Dr. Max Burnell, medical director of General Motors Corporation.

Mr. Newell later introduced the speaker, James Gillen, Detroit, personnel research di-

rector for General Motors Corporation, who discussed "Development of the Medical Benefit Plan".

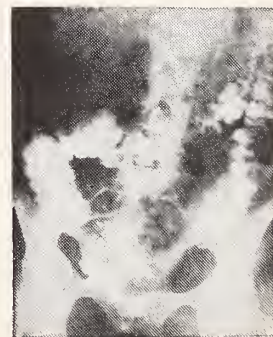
During the business meeting applications of 29 prospective members were read and the following four members welcomed to the society: Dr. I. E. Michael, transfer from Marion Academy of Medicine, Marion, Ohio; Dr. Bruce K. Willitts, transfer from Wayne County Medical Society, Detroit, Michigan; Dr. Stewart T. Ginsberg, transfer from the Medical Society of the District of Columbia; and Dr. Morris Green, transfer from the New Haven County Medical Society of the Connecticut State Medical Society.

Dr. M. R. Shafer urged members to participate in the diabetes detection drive which will be conducted during the week of November 17.

Owen-Monroe County Medical Society members met September 26 in Bloomington

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Country Club for dinner and to hear Dr. John I. Nurnberger, chairman of the department of psychiatry, Indiana University Medical Center. Dr. Nurnberger spoke on "Psychiatry in the Medical School Curriculum".

Thirty-four members were present. During the business session plans for a joint meeting with the bar association were approved. The medical society was to be host to the attorneys on October 24 in Bloomington Country Club.

---

Three veteran South Bend physicians were honored by the **St. Joseph County Medical Society** at a dinner in the Bronzewood room of the Hotel LaSalle on September 24.

Scrolls and medals were presented to Dr. Roscoe L. Sensenich and Dr. Alfred S. Giordano who attended the special affair, and to Dr. Stanley A. Clark, who was a patient in Memorial Hospital.

All three began practice early in the century and all have retired from active practice. Tribute was paid to their long service to the community. Dr. Sensenich is a former president of both the Indiana State Medical Association and the American Medical Association.

Guest speaker at the dinner was Dr. J. J. Jacoby, chairman of the department of anesthesiology at Ohio State University College of Medicine, Columbus, who discussed "The Physiology of Circulation".

---

At the October 3 meeting of **Wabash County Medical Society** 16 members discussed various phases of the polio program and conducted routine business. The dinner meeting was held in a private dining room at the Wabash Cafeteria.

Dr. R. J. McQuiston, Indianapolis, was the guest speaker at the dinner meeting of **Wayne-Union County Medical Society** on October 1 in Reid Memorial Hospital. His subject was "Status of Present Day Surgery in Hearing Loss".

---

Dr. George Crile, Jr., of the Cleveland Clinic, Cleveland, Ohio, was the guest speaker at the eleventh Annual Fall Clinical Conference on October 2. The conference is held under the auspices of the **Wells County Medical Society**. Dr. Richard P. Yoder, president of the county society, presided.

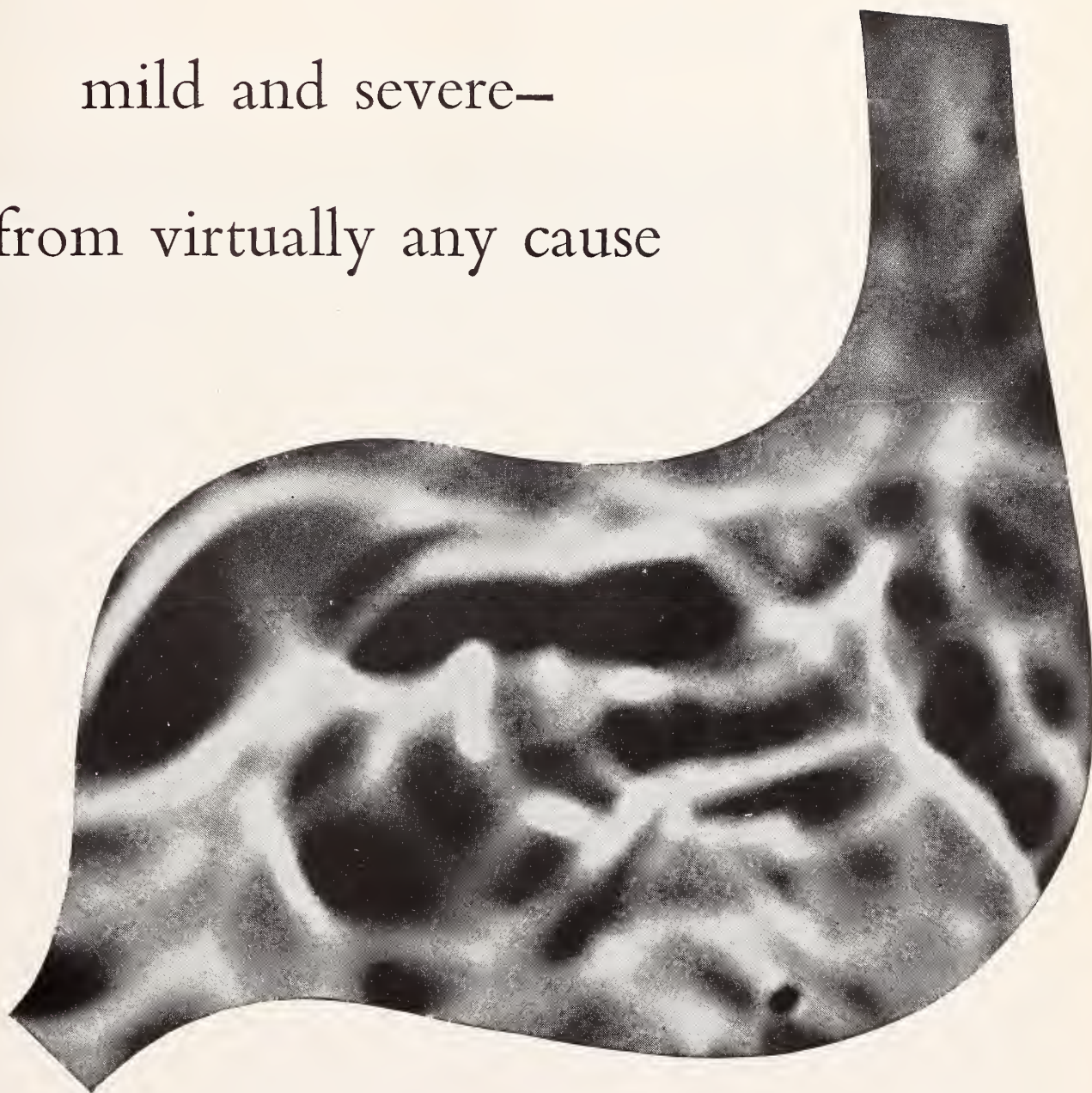
Dr. Crile presented a lecture on "Some Problems in the Treatment of Cancer." The talk was well received and thought-provoking. The apparent variation in growth potential of cancers and in the ability to metastasize (some become systemic before the initial lesion is demonstrable) is a primary problem, the speaker said. Cancer cells free in the blood streams have been reported repeatedly in a significant percentage of cases. He pointed out that surgery, including radical procedures, frequently results in long-term survival, but because of inherent growth characteristics, the results in any individual case are unpredictable.

The conference was held in the Elks Club in Bluffton and was streamlined this year to include only the dinner, a brief talk on Medicare by Dr. Walter U. Kennedy, New Castle, chairman of the Medicare committee of I.S.M.A., and 1956 president of the state association. Dr. Crile's talk concluded the program.

Forty-five physicians from the area attended the conference.



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# *Annual Stag Party*

Plates were heaped high—and many refilled—at the annual stag party for physicians and exhibitors during the annual I.S.M.A. convention at French Lick. An almost continuous queue passed the long buffet table where roast beef and ham, baked beans, a variety of salads, cheeses, and relishes had been temptingly arrayed by the French Lick-Sheraton's catering department.





The Monday night crowd was one of the largest to attend a first day's events. While the men filled the main dining room almost to capacity, the Auxiliary held a Past President's dinner in the west dining room, and women exhibitors were entertained at a smaller affair in the TV room of the French Lick-Sheraton. Pictures of those events will be published in December.

All groups enjoyed the evening program presented by the Vanderburgh County Auxiliary.







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"Johnny, what are you doing?"

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That you can't take it with you I'm practically sure, Since more often than not it's gone before you're.

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A cynic is a man who knows the price of everything and the value of nothing.

Juvenile delinquency is the result of parents trying to train children without starting at the bottom.

Consider how hard it is to change yourself and you will understand how little chance you have to change others.

The mind celebrates a little triumph whenever it can formulate a truth.—Santayana.

I heard of a nurse who deducts 10 beats from the patient's pulse to allow for her personality.

Any bird watcher will affirm the report that larks have brought more babies than storks.

Soon after the school term began the fraternity received this note from the sorority house across the street: "Why not use the shades? We do not care for a course in anatomy."


The answer: "The course is optional."

The most distinguished cat we've ever heard of belongs to the editor of the Montgomery County Medical Bulletin. Said cat was very active in local circles until the owner took him to a vet and had his libido removed.


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—St. Louis County Medical Society Bulletin.


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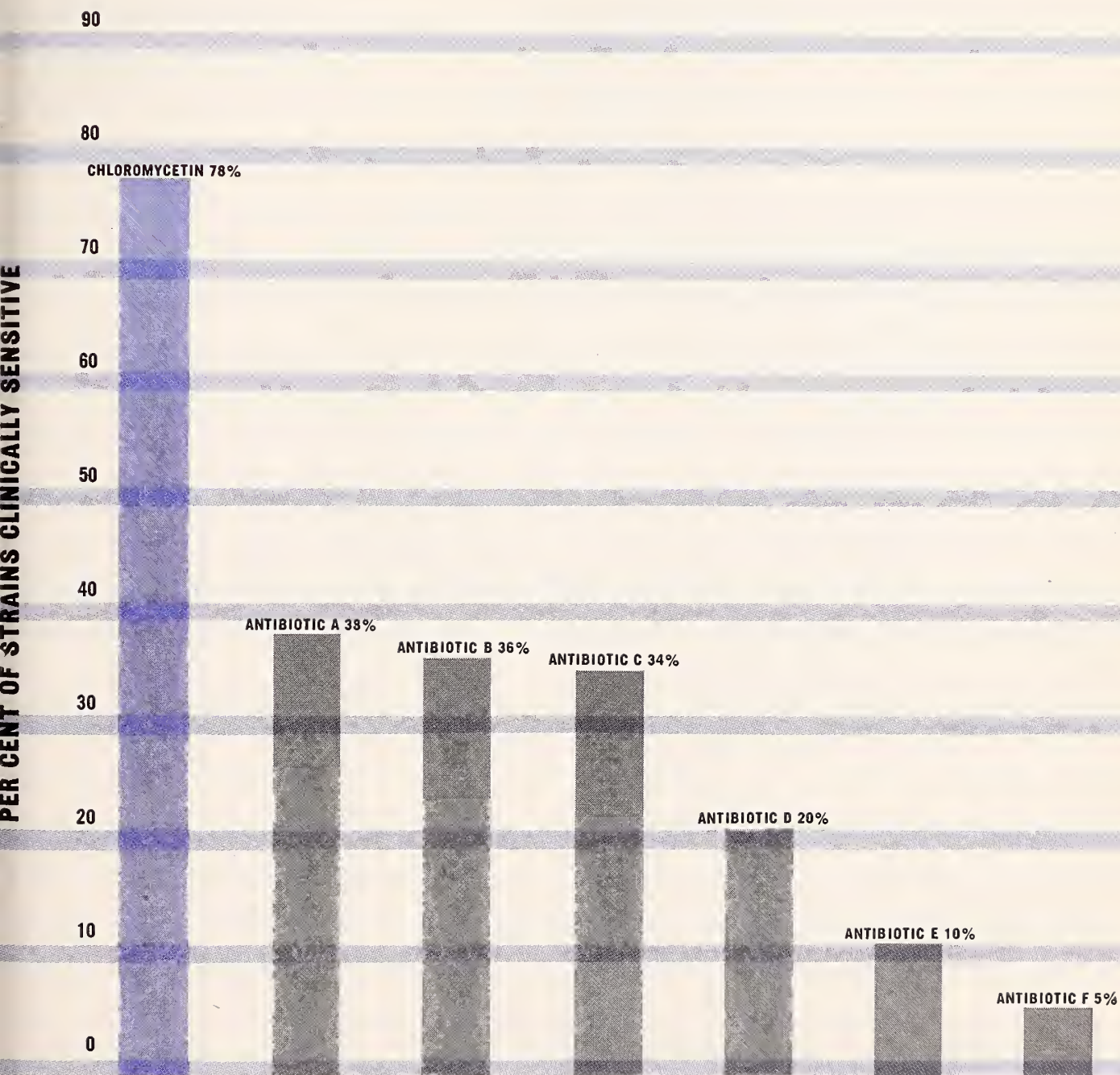


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\*This graph is adapted from Waisbren and Streltzer.<sup>15</sup> It represents *in vitro* data obtained with clinical material isolated between the years 1951 and 1956. Inhibitory concentrations, ranging from 3 to 25 mcg. per ml., were selected on the basis of usual clinical sensitivity.

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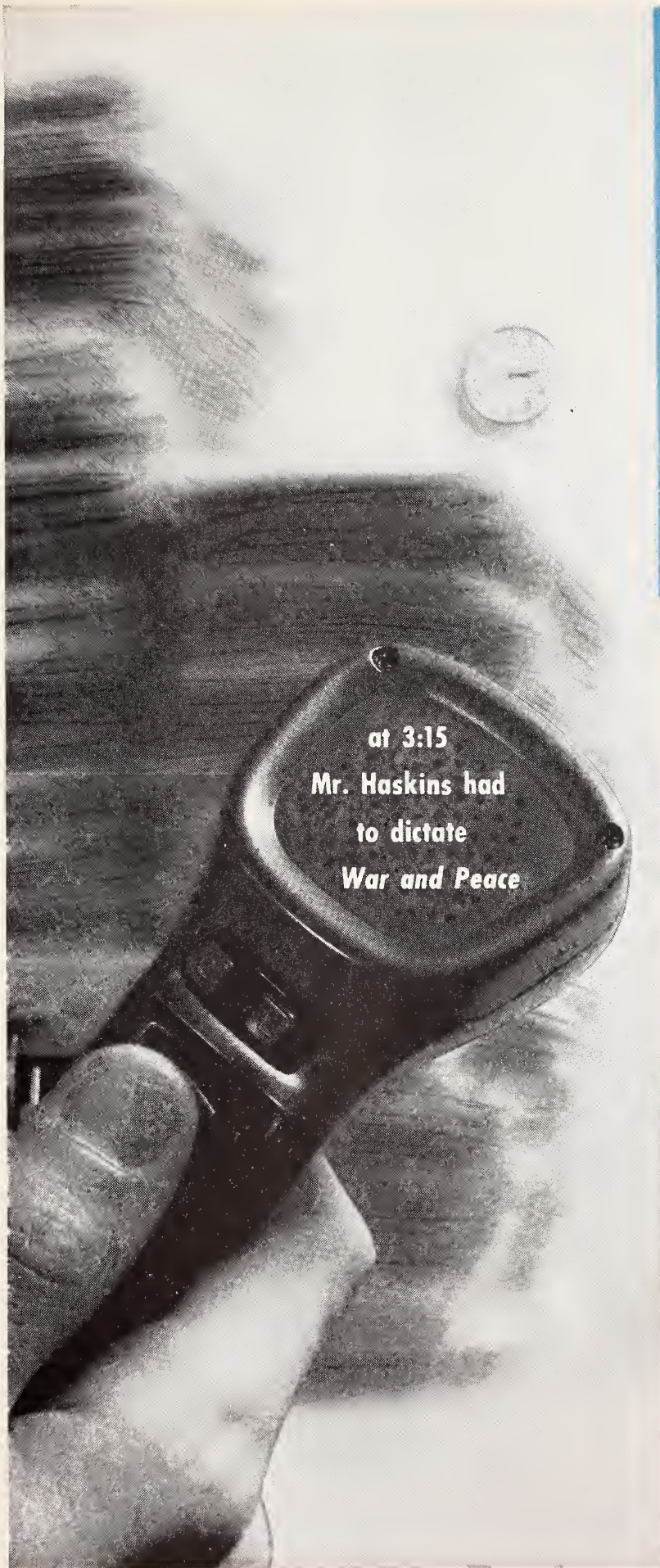
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3.	Wm. H. Robinson, M.D., Mitchell	Joseph C. Dusard, M.D., Bedford	
4.	William A. Johnson, M.D., North Vernon	Benet W. Thayer, M.D., North Vernon	North Vernon, May 7, 1958
5.	Jack R. Glosson, M.D., Clay City	John M. Palm, M.D., Brazil	Brazil, 1958
6.	H. N. Smith, M.D., Brookville	Kenneth G. Hill, M.D., New Castle	Greenfield, May 8, 1958
7.	Malcolm O. Scamahorn, M.D., Pittsboro	Arthur W. Records, M.D., Franklin	
8.	B. D. Wagoner, M.D., Union City	Howard W. Koch, M.D., Winchester	
9.	J. A. Van Kirk, M.D., Frankfort	Dan Tucker Miller, M.D., Fowler	Tipton, 1958
10.	George N. Lewis, M.D., Gary	George A. Carberry, M.D., Gary	
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12.	Milton F. Popp, M.D., Fort Wayne	Harold F. Zwick, M.D., Decatur	Fort Wayne, 1958
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# Industrial Health Congress Set by AMA

Maintaining high standards of health in industry will be a principal topic of consideration at the 18th annual Congress on Industrial Health to be held January 27-29 at the Schroeder Hotel in Milwaukee. Physicians, nurses, industrial hygienists, engineers and others interested in the field will attend the meeting sponsored by the AMA's Council on Industrial Health.

Recent developments in industrial health programs and various aspects of immunization programs in industry will be among the subjects covered by panelists at a special session co-sponsored by chairmen of state medical society committees on industrial health. Other features include three technical sessions on—(1) general aspects of disability evaluation; (2) industrial dermatitis, causes and evaluation of disability; (3) low back pain, cause, treatment, evaluation of disability, rehabilitation.

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### INTENSIVE POSTGRADUATE COURSES STARTING DATES — SPRING, 1958

#### SURGERY—

Surgical Technic, Two Weeks, January 27, February 10, February 24  
Surgery of Colon & Rectum, One Week, March 3  
Basic Principles in General Surgery, Two Weeks, January 13, April 7  
Treatment of Varicose Veins, February 3, March 3  
Gallbladder Surgery, Three Days, April 7  
Surgery of Hernia, Three Days, April 10  
General Surgery, Two Weeks, May 5; One Week, February 10  
Fractures & Traumatic Surgery, Two Weeks, March 10  
Surgical Anatomy & Clinical Surgery, Two Weeks, March 10

#### GYNECOLOGY & OBSTETRICS—

Office & Operative Gynecology, Two Weeks, February 10  
Vaginal Approach to Pelvic Surgery, One Week, February 3  
General & Surgical Obstetrics, Two Weeks, February 24

#### MEDICINE—

General Review Course, Two Weeks, April 28  
Electrocardiography & Heart Disease, Two Weeks, March 10  
Gastroscopy & Gastroenterology, Two Weeks, March 17  
Hematology, One Week, to be announced

#### PEDIATRICS—

Two-Week Intensive Course, May 12  
Neuromuscular Diseases of Children—Cerebral Palsy, Two Weeks, June 9

#### RADIOLOGY—

Diagnostic X-Ray, Two Weeks, February 3  
Clinical Uses of Radioisotopes, Two Weeks, May 5

#### UROLOGY—

Two-Week Intensive Course, March 31

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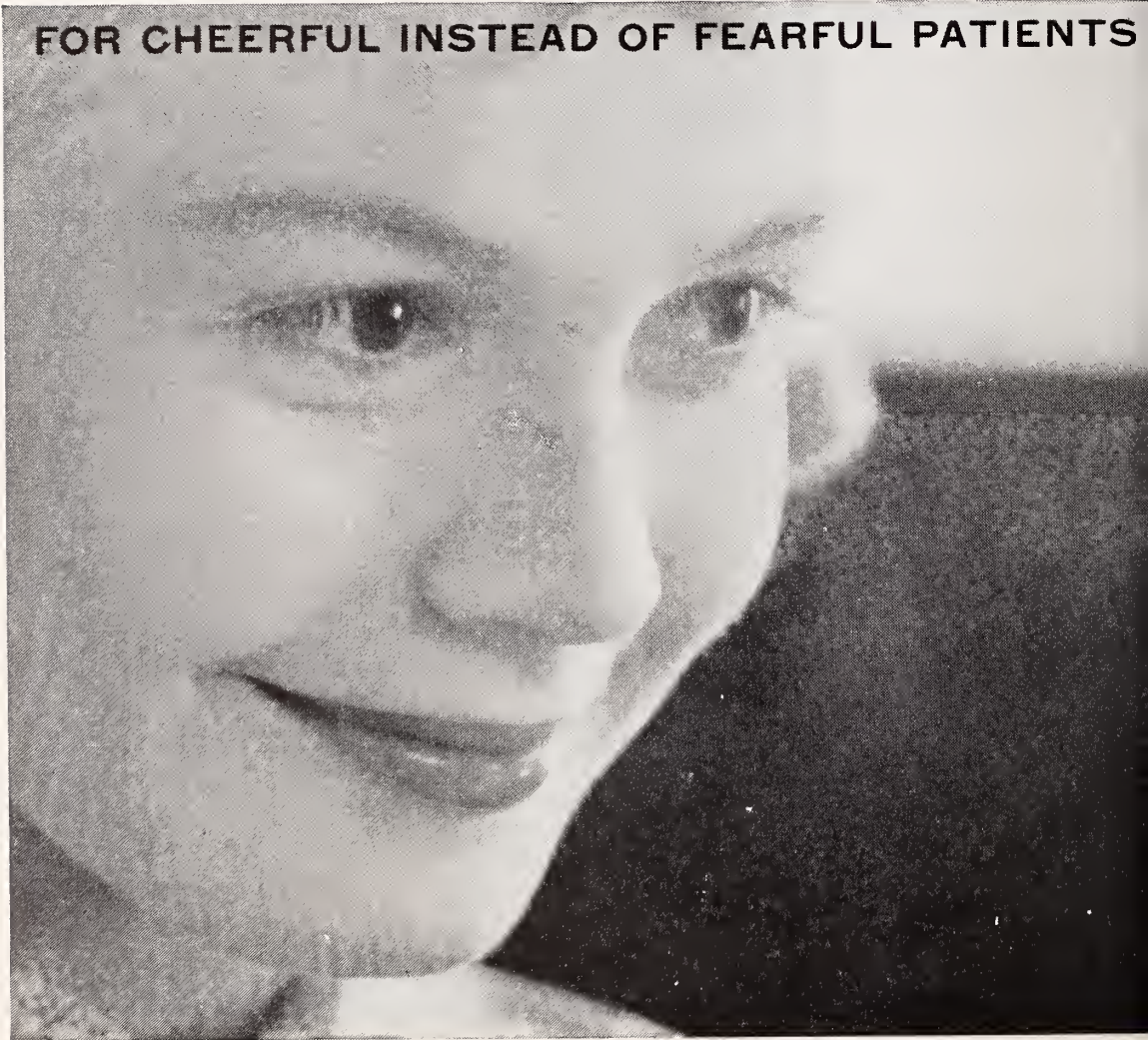
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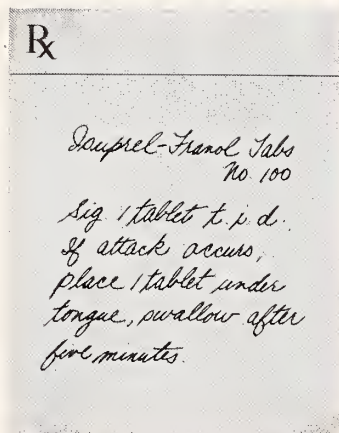
Isuprel HCl (10 mg. for adults, 5 mg. for children), the most potent bronchodilator known, makes up the outer coating. In a sudden attack, the patient puts the tablet under his tongue. Relief starts in 60 seconds. A unique feature is the "flavor-timer." As the Isuprel is absorbed a lemon flavor appears. When it disappears — about five minutes later — the patient swallows the tablet.

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1. Fromer, J. L., and DeRiso, V. J.: *Lahey Clin. Bull.* 10:45, Oct.-Dec., 1956.

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If attack occurs,  
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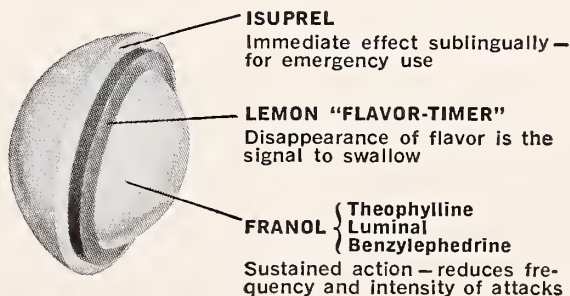
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**This summary of what is happening in Washington is prepared by A.M.A.'s capital office and airmailed to THE JOURNAL on the ninth of each month.**

## THE MONTH IN WASHINGTON

**Washington, D. C.—Just how much money does the federal government spend on health programs and just how is it spent?**

The answers are not easy to come by, but each year the Washington Office of the American Medical Association gathers together all of the bits and pieces of information needed to explain where and how the U. S. is involved in medicine, from cancer research to treating workmen's sniffles. Some of the material comes directly from appropriation bills, but where programs and projects are not identified there, the responsible government officials are consulted for the breakdown.

For all health and medical purposes, the U. S. during the current fiscal year is spending approximately two and one-half billion dollars. This—despite months of economy talk in the administration and in Congress earlier in the year—is about the same figure as last year.

The survey also unearthed some interesting sidelights that show perhaps more graphically than the dollar marks the extent to which federal medical activities are spreading among almost all agencies and departments.

At least 23 U. S. cabinet departments and independent agencies are engaged in some medical operations, and there are at least 79 separate health-medical activities worthy of listing and describing. Many of these in turn are responsible for scores and scores of individual operations.

This year the relatively new Department of Health, Education and Welfare tops the list of all departments in health-medical spending with \$849,394,800, bounding past Veterans Administration and Defense Department, which up to now have been at the head of the column. VA is spending \$849,374,000, within \$20,000 of HEW, but Defense Department this year drops back more than \$80 million, to \$702,000,000,

largely because the decreasing size of the armed forces means fewer uniformed men and dependents to care for.

Next comes Atomic Energy Commission, but its medical spending of \$40 million—mostly for research—is far down the column from the Big Three.

International Cooperation Administration has \$37 million to help our friends overseas to raise their medical standards. The other 19 departments and agencies have substantially less, the last item being the \$12,145 allocated to the physician entrusted with keeping members of Congress as healthy as possible.

For the first time the AMA report compiles information on the programs in which the U. S. participates for payments because of disability. Among those receiving these payments are veterans, disabled beneficiaries under social security, disabled railroad workers, etc.

Because this money is not all federal and comes from several tax sources—OASI and railroad payroll deductions as well as general U. S. revenue—it is not added to other federal medical costs in the AMA study. For the current fiscal year the total of these "payments for disability" is about \$3.2 billion.

### NOTES

**Federal Trade Commission** and Food and Drug Administration joined together to warn drug manufacturers against using "false and misleading claims" to promote drug products for use against Asian influenza. It was pointed out that vaccine is only protection, and that a physician is needed if there are complications.

Meeting at the invitation of the Children's Bureau, a group of specialists in the health fields discussed **use of X-rays of the newborn and**

*Continued*





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**The Month in Washington (continued)**

pregnant women and concluded that restraint must be exercised.

There has been remarkable progress in the last five years in the fight against tuberculosis, but there are still at least 250,000 active cases in the United States. This is the gist of a special nationwide survey by Public Health Service and the National Tuberculosis Association.

While visiting Russian women scientists were telling of a 25-cent drug to treat Asian influenza, it was learned that some members of the Russian Embassy staff in Washington had been vaccinated with American vaccine.

In a major address, President Eisenhower pleaded for more private financial aid to medical colleges and warned against the dangers of federal controls in this field.

When asked his opinion on legislation for the hospitalization of the aged under social security, Secretary Folsom warned against the tax increase that would have to accompany the plan, possibly a suggestion that the administration will oppose the idea next year as it did last.

Reversing a previous policy, the Internal Revenue Service now says it is possible for a group of doctors to practice as an "association," thereby qualifying for approximately the same tax benefits they would receive under the proposed Jenkins-Keogh law.

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*Each tablet contains:*

ACHROMYCIN® Tetracycline	125 mg.
Phenacetin	120 mg.
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*Each teaspoonful (5 cc.) contains:*

ACHROMYCIN® Tetracycline equivalent to tetracycline HCl	125 mg.
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# The Fourth Estate Looks at Medicine

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

## From Other Editors

### QUIZ PROGRAMS AND TAXES

(New Castle Courier-Times)

The give-away radio and television programs have brought the facts of taxes home to the average American citizen in a dramatic way and put pressure on Congress for tax reduction with an effectiveness that endless petitions, letters and telegrams sent to congressmen could not possibly have achieved.

Most of us have no occasion to become familiar with tax brackets that take the majority of income, but we are now learning about it second hand.

We saw for the first time that a person who has won \$32,000 might as well keep it and quit as to make an effort to win twice that amount because the government would get the lion's share of the additional income.

The tax of a single person on \$32,000 is \$14,460, while on \$64,000 that person would pay \$37,440 tax. This means that out of the second \$32,000 the government takes \$22,980, so that the contestant who goes for the higher amount will get to keep only \$9,020 out of his additional winnings—provided he wins. Only the sport of the thing could induce anybody to try for \$64,000; financially it's a bad gamble.

This was so evident that for awhile the program known as "The \$64,000 Question" was threatened with the nickname of "The \$32,000 Question."

Now this show offers up to \$256,000 to the per-

son who can answer the questions all the way. If that were to be paid to a contestant all at once (in the same year), the top tax bite would be 91 per cent.

As a consequence, anybody who wins this top prize is to be paid at the rate of \$64,000 a year. This reduces the total tax that would have to be paid, and thus increased the individual's net winnings.

There is nothing particularly new about this arrangement. The contracts of movie stars, ball players and others that have a big income one year and little income in another, or whose professional career is apt to be of short duration, frequently call for such deferred payments.

Meanwhile, the American public gets an education in taxes.

There are not many Americans who believe that anybody ought to have more than half of his income taken away from him in taxes, no matter how much he makes. It is a part of the American dream—of our tradition as "the land of opportunity"—that a person is entitled to the fruits of his talent and his labor; that the way is open for anybody to go from log cabin to White House and from poverty to riches.

It is difficult to see how the heavy tax burden is to be lifted from the shoulders of the American people, the state of the world being what it is, but we live in a democracy where the people run the government; the more we know about that government the better, and our new familiarity with taxes does make us more intelligent, capable citizens.

—Kokomo Tribune.

Note: All this has a definite bearing on our attitude toward the projected Jenkins-Keogh legislation.—E. R. C.



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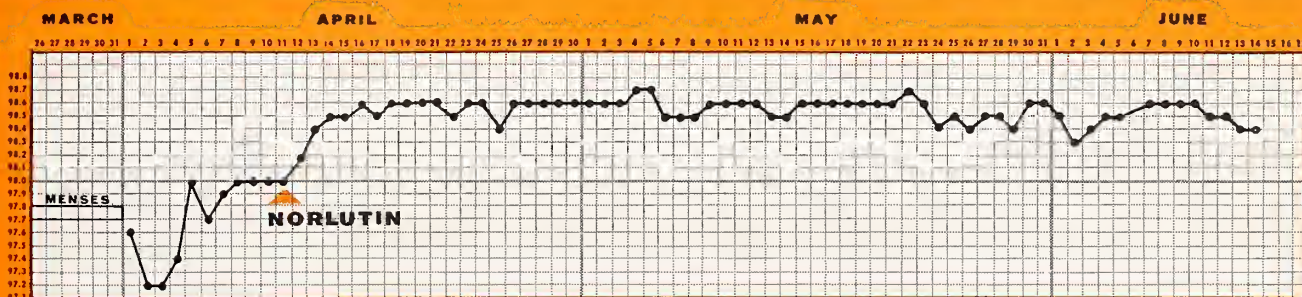
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\*Greenblatt, R. B.: *J. Clin. Endocrinol.* 16:869, 1956.

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# Detailed Announcement Made of December Postgraduate Courses at I.U.

**T**WO COURSES—"Pediatrics in the New-born Period" and "Surgery of Congenital Anomalies of G. I. Tract"—will be presented December 18 and 19 at Indiana University School of Medicine under the sponsorship of the Division of Postgraduate Medical Education of the I.U. Medical Center. Each of the courses carries six credit hours, Category I, A.A.G.P.

The pediatrics course will be held at the Medical School on Wednesday, December 18, from 9 until 12 o'clock and from 2 until 5 p.m.

The course in surgery is scheduled for December 19 at the Medical School and will be held at the same hours.

The pediatrics program follows:

## PEDIATRICS IN THE NEWBORN PERIOD

9:00- 9:30	Preventive prenatal and perinatal pediatrics Dr. Morris Green
9:30-10:30	Evaluation of laboratory tests in the diagnosis of hemolytic disease of the newborn Dr. Robert Rohn
10:00-12:00	Diagnosis and management of illness, based on the presenting symptoms; Cyanosis, convulsions, vomiting, constipation, diarrhea, fever, asphyxia, dyspnea, pallor, hemorrhage, jaundice, failure to thrive. Panel discussion—Drs. Green, Lurie, Meiks, Segar and Walcher
1:30- 2:00	Management of normal full term infants Dr. Byron Rust
2:00- 2:30	Care of premature infants Dr. Robert Butler
2:30- 3:00	Appraisal of newborn infants Dr. Lyman Meiks

3:00- 3:15	Recess
3:15- 3:45	Early instruction of mothers Dr. John R. Scott
3:45- 4:30	Questions and Answers

The course in surgery on December 19 has been planned as follows:

## SURGERY OF CONGENITAL ANOMALIES OF G. I. TRACT

9:00- 9:30	Esophageal stenosis and atresia Dr. J. S. Battersby
9:30-10:00	Pyloric stenosis. Stenosis and atresia of small intestine Dr. B. B. Moore
10:00-10:30	Imperforate anus Dr. L. R. Radigan
10:30-11:00	Congenital megacolon Dr. H. B. Shumacker, Jr.
11:00-11:30	Intussusception. Annular pancreas Dr. Harold King
11:30-12:00	G. U. anomalies associated with anomalies of G. I. tract Dr. Robert Garrett
12:00- 2:00	Luncheon period
2:00- 2:30	Anomalies of rotation. Duplications Dr. B. B. Moore
2:30- 3:00	Meckel's diverticulum, urachal abnormalities and umbilical disorders Dr. R. E. Lempke
3:00- 3:30	Hernias and defects of abdominal wall Dr. E. J. Berman
3:30- 4:00	Diaphragmatic hernias Dr. J. S. Battersby
4:00- 4:30	Round table



# Preparation for Aging Must Begin Early

Preparation for aging should begin in the "prime of life," a 72-year-old North Carolina physician said recently.

Every doctor should try to train his middle-aged and even younger patients to cultivate proper habits of eating, sleeping, exercise, recreation, work, and mental hygiene, Dr. Wingate M. Johnson, Winston-Salem, said in the *Journal* of the American Medical Association.

His article on the relationship of the doctor to his aging patient is the first in a series on various aspects of aging, published under the auspices of the AMA Committee on Aging.

Dr. Johnson, a member of the committee and a professor at Bowman-Gray School of Medicine, listed seven rules of conduct he devised for himself some years ago. These rules have helped some of his patients and friends grow old with a "reasonable degree of complacency," he said.

They are:

1. Recognize that the mind should be at its best when a person is about 40 years old and should continue to be efficient to the age of 70 or more. Organic changes in the brain do not necessarily parallel mental changes. The mind which is properly trained does not lose its elasticity, and constant use of the brain helps to keep it efficient.

2. Avoid becoming an "old fogey" by frequent association with young people. Prepare for occasional shocks, but try to understand youth's viewpoint.

3. Learn to delegate authority and to unload responsibility upon younger, more enthusiastic shoulders.

4. Cultivate wide interests. Learn new uses for hands and brain, and exchange more strenuous amusements for others less arduous.

5. Keep in touch with old friends and make new ones to avoid loneliness.

6. Cultivate equanimity—the mental poise that keeps one from being unduly elated or depressed. Keep a proper balance between emotion and reason.

7. Cultivate the habit of looking forward rather than backward.

Dr. Johnson noted that the doctor must help his older patient face his aging process. The oldster's attitude may be resentful, resigned or realistic. The doctor can help foster the correct attitude by being sympathetic, sincere, and sensible.

"Many of the most unpleasant traits of adolescence and old age have a common basis—the desire to belong . . . The adolescent wants to achieve recognition as a useful member of society; the oldster wants to retain that recognition. The doctor can help the older patient's morale by showing a genuine interest in him and his environment," he said.

A doctor needs to be more than just a doctor to an aging patient; he must be "guide, philosopher and friend," Dr. Johnson concluded.

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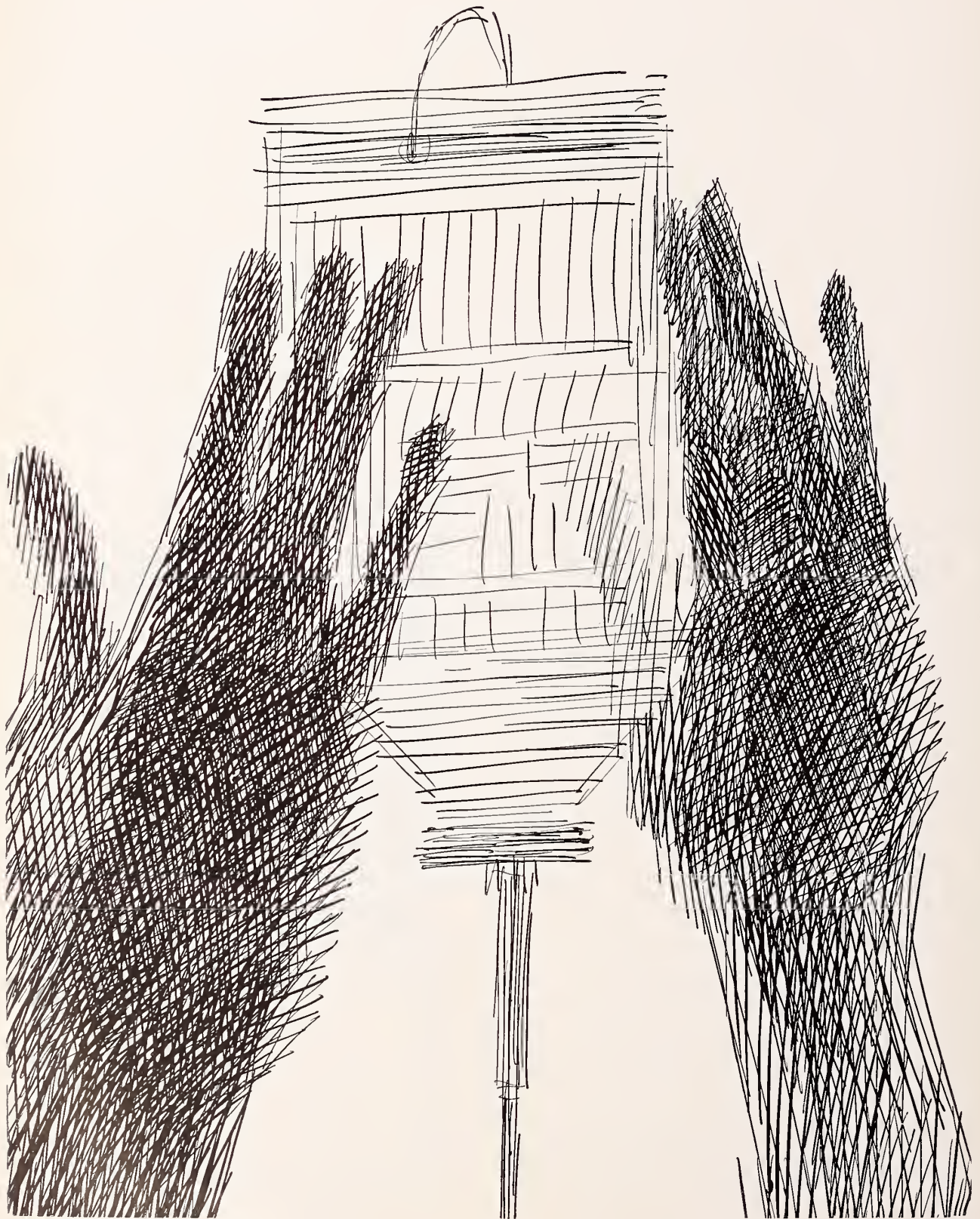
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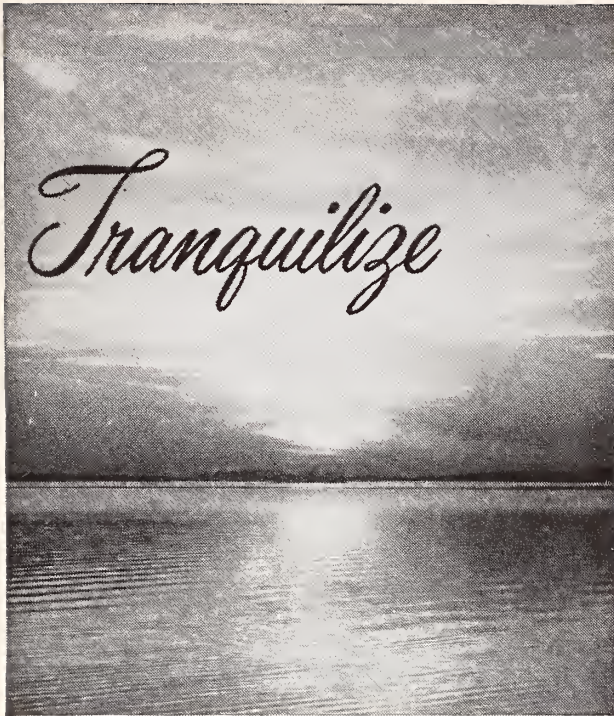
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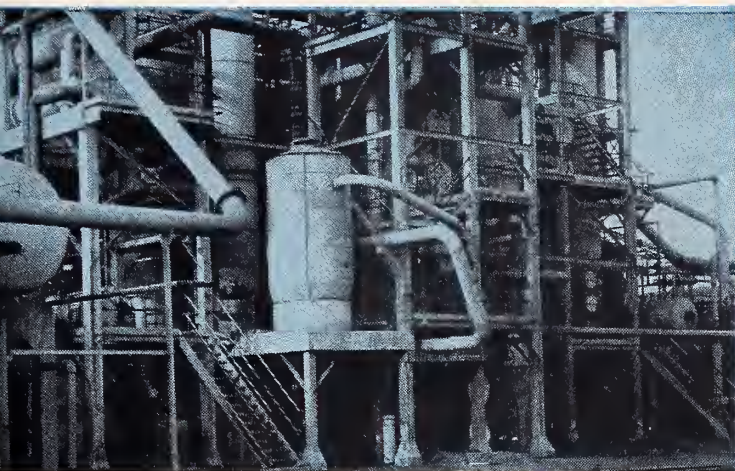


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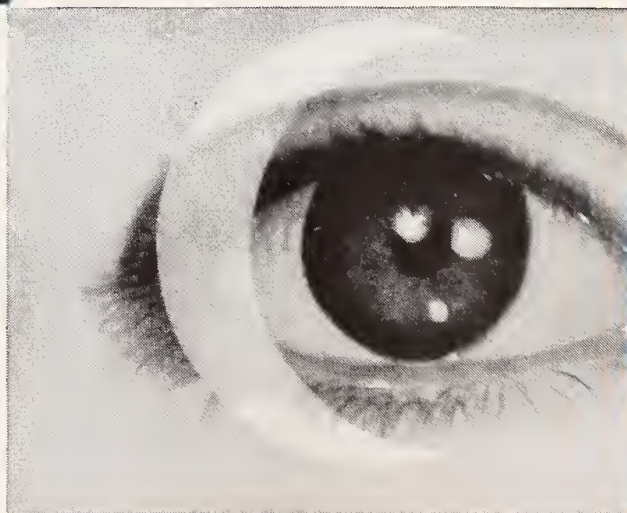
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\*T. M.

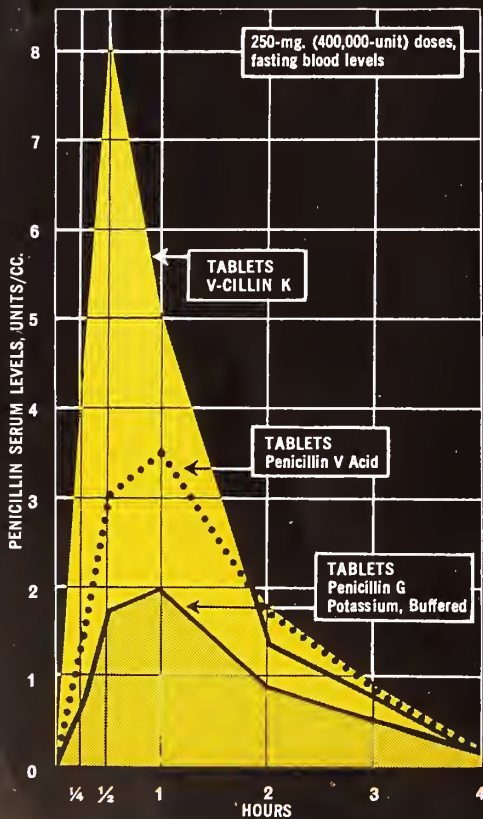
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# The *Journal*

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## Modern Treatment of Atherosclerosis

R. E. SHIPLEY, M.D.\*

*Indianapolis*

THERE WAS A TIME when “atherosclerosis” was just another long medical term used mostly by pathologists. Today, anyone who hasn’t heard of atherosclerosis and doesn’t have some idea of what causes it just hasn’t been reading the newspapers or magazines. At different times there have appeared a variety of conflicting claims relating atherosclerosis to cholesterol in the diet, cholesterol in the blood, fat in the diet, fat in the blood, saturated fat, animal fat, unsaturated fat, and too much fat. Even reading the medical literature does not greatly clarify the picture.

The announced title of this presentation is “The Modern Treatment of Atherosclerosis.” Since at the present writing there is no known proven effective treatment for atherosclerosis, either modern or ancient, I shall indulge in some

speculation on several possible approaches to therapy.

To introduce the first topic, attention is called to the photograph of an atherosclerotic blood vessel. (See Fig. 1) This is an aorta with moderately extensive atheromatous deposits in the form of raised yellowish-white longitudinal plaques. The reader should scarcely be surprised if he were informed that the aorta was from a 62 year old man who had no signs or symptoms relating to his atherosclerosis. Aortic involvement of this degree certainly is not an unusual finding at autopsy. However, this aorta is not from a 62 year old man. It is an aorta from a clinically healthy 1 year old rabbit. There is a special reason for attempting to mislead the reader. First of all, we expect to see atherosclerosis in human blood vessels at autopsy—it is a common finding. But atherosclerosis does not develop in rabbits unless we do something to change the rabbit’s way of life. This we did in the case of the rabbit whose aorta is pictured in Fig. 1. We took away the rabbit’s rabbit food and gave him instead a rich, balanced, wholesome, nutritious human diet

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\* Lilly Laboratory for Clinical Research, Indianapolis General Hospital, Indianapolis, Indiana.

Presented at the annual convention of Indiana State Medical Association, October 8, 1957, at French Lick, Indiana.

(See Fig. 2). Most of the common items which appear in the American menu were included from—

cornbeef, corn on the cob,  
cottage cheese, and corn flakes,  
to chop suey, cabbage, chili,  
chicken, cheese and cold cuts,  
beef and noodles, macaroni,  
sausage, wieners and spaghetti,  
orange juice, fish sticks,  
bacon, beans, beets and butter,  
ice cream, milk, bread,  
tomatoes, eggs and hamburger,

and 33 other items. All of them were mixed together, partially dehydrated, and extruded into pellets. Six rabbits, after nine months on the human diet, developed typically human atherosclerotic deposits.

All this experiment proves is that rabbits will get atherosclerotic if they eat the same things that human beings eat. Since atherosclerosis develops in rabbits when eating a human diet, and we know that atherosclerosis develops in human beings when eating a human diet, will atherosclerosis develop in human beings if they eat a rabbit diet? This is a much harder experiment to arrange. However, in countries where people are essentially vegetarians by necessity, there is reported to be very little vascular disease.

### ARE HUMANS HERBIVEROUS OR OMNIVEROUS?

For over half a century, there has been a running argument over the question of whether human beings are fundamentally vegetarian (or herbivorous) animals or whether we are omnivorous animals. Looking at what we eat, it could be said that human beings are omnivorous. We could say that the rabbits that ate the human diet were also omnivorous yet we know that rabbits in their natural state are strictly herbivorous. The question is this—are human beings designed to be omnivorous or are we designed to be more herbivorous? As animals go, human beings habitually eat a rather unusual diet. For example, man is the only animal who eats eggs and milk throughout life. Man also consumes proportionately more fat in his diet than any other animal. Over the centuries, we have learned to domesticate cows and chickens and breed them for maximum output of milk and eggs. Butter was a very

early invention, followed by cheese and later ice cream and milk shakes. It is suspected that man may not yet be completely adapted to the type of diet he has chosen. Over 20 years ago Leary<sup>1</sup> made a point of the fact that egg yolk with its high fat—high cholesterol content is perfectly designed for the nutrition of the growing embryo; milk is ideally suited to the metabolic requirements of the nursing infant. There is no doubt that these biologically specialized nutrients fill specific needs at specific times during the growth and development of the organism. But it is conceivable that the continued use of embryonic and infant foods may be detrimental if the full grown adult organism no longer needs them and is not physiologically adapted to handle them. Specifically, the substances under suspicion are animal fat and cholesterol.

It is also of interest that man is the only animal in which the finding of atherosclerosis can be expected. It is found in adults, teenagers, children and even infants. Incidentally, infant rabbits develop fatty streaks of the aorta during the nursing period when the diet consists only of milk. However, in rabbits the streaks disappear spontaneously within a few weeks after weaning. Human infants also develop fatty streaks during the nursing period but instead of regressing, the number and size of the lesions usually increases through adolescence and on into adulthood.

### WHAT IS ROLE OF DIET?

In Norway, during the last war when diets were severely altered because of shortages and rationing, the decrease in fat consumption in the form of butter, milk, cheese and eggs was paralleled by a striking decrease in mortality due to circulatory diseases.<sup>2</sup> Such a correlation does not prove a cause and effect relationship between dietary fat and atherosclerosis. We know for example that the protein and total caloric intake were also reduced during the same period. Most investigators feel that we do not yet know the exact role which diet plays in the etiology of atherosclerosis, but essentially all are in agreement that some dietary factor or factors are definitely implicated. Some feel that the cholesterol-containing foods are the culprits and that we should restrict our eating of eggs, milk, butter, cheese and ice cream. Eggs, for example will cause hypercholesteremia and atherosclerosis in rabbits as will pure cholesterol alone. By what-





ever means it is produced, hypercholesteremia is followed by atherosclerosis in the rabbit, dog and chicken.

Hypercholesteremia in man has received considerable attention in recent years. I cannot tell you what a normal serum cholesterol level is and I cannot tell you where hypercholesteremia begins. By definition, a "normal" cholesterol level in human beings would usually be regarded as that which is found in clinically healthy adults. Thomas<sup>3</sup> recently reported the distribution of serum cholesterol concentrations in 612 clinically healthy medical students. Their average age was 24 years (See Fig. 3). The mean cholesterol concentration of the entire group was 229 mg%, ranging from 108 to 407 mg%. About 6½ percent of the students had levels of over 300 mg%, which is beyond the upper range of normal according to standard textbooks. Only 1½ percent had values below 150 mg%, a figure sometimes referred to as an "ideal" cholesterol level. If we regard only the 6½ percent having levels over 300 as being hypercholesteremic, how shall we interpret the finding that over 42 percent of 300 autopsied American soldiers killed in Korea (average age 22 years) exhibited atherosclerosis of the coronary arteries?<sup>4</sup>

When patients having a history of myocardial infarction are compared with patients of the same age but without evidence of infarction there has been a consistently higher cholesterol level found in the infarction group than in the non-infarction group. Presented in Fig. 4 are data from the report of Labecki.<sup>5</sup> The higher average level of serum cholesterol in all of the age groups with infarction is clearly evident. It should be made clear that the serum cholesterol level has no absolute predictive value in a given

patient. It does appear to be true that the higher the cholesterol level, the greater the odds that vascular disease will be present.

### SUGGESTED COURSES

Finally, the question—what can be done to reduce the risk of a serious vascular accident? Many have advocated reducing the serum cholesterol level by strict dieting. Simply limiting the food intake will often reduce the cholesterol level. Others advocate cutting out as much as possible all foods high in cholesterol and animal fat, such as eggs, cheese and butter.

Although dietary restrictions of any sort will never be a popular form of therapy, there is evidence to suggest that it could be therapeutic as well as prophylactic. During both World Wars prisoners who were held in concentration camps were permitted diets which would barely sustain life. Many who survived for periods of 6 to 9 months finally died of infection or starvation. At autopsy the arteries of even the older individuals are reported to have been remarkably free of atheromatous lesions. While such a dietary regimen is not to be recommended as a means of therapy, it is important to know that atheromatous deposits are not necessarily permanent but that it is possible for them to undergo regression.

At the other extreme from severe dietary restriction are observations that very high fat diets can cause reduction in serum cholesterol level. This has confused the picture further since extremely low fat diets have been shown to be effective and have been recommended for the reduction of serum cholesterol concentration. Kinsell<sup>6</sup> in California and Ahrens<sup>7</sup> in New York have observed that when a liquid formula con-

taining dextrose, casein and a vegetable oil such as corn oil is given to patients as their complete diet, the serum cholesterol decreases appreciably within a week or 10 days. Upon feeding an equivalent formula which contains instead, an animal fat such as butter or lard oil the serum cholesterol rises. We conducted a study using the Ahrens liquid formula in which the daily ration contains 90 gms. of corn oil or approximately 40 percent of total calories. Almost 2 liters of the formula were consumed per day to maintain caloric balance. No other food was eaten. Vitamins and minerals were given separately as tablets. The author participated in the study and although not hypercholesteremic, nevertheless exhibited a definite reduction in cholesterol level by the end of one week (See Fig. 5). After resuming a regular diet, serum cholesterol rose to the previous level. It may be confidently stated that liquid formula diets will never have wide popular appeal. Beveridge<sup>8</sup> has administered liquid formula diets containing different proportions of corn oil and butterfat and has observed a cholesterol lowering effect only when the percentage of corn oil was 50 percent or greater. At the present time there is much speculation but no adequate information to explain why butter, lard and other animal fats have a cholesterol raising effect.

## EXPERIENCE WITH SITOSTEROL

Over the past five years we have been interested in a new approach to the reduction of hypercholesteremia which does not involve dietary alteration or restriction. In 1951 Peterson<sup>9</sup> reported that hypercholesteremia and atherosclerosis could be prevented in cholesterol-fed chickens if he also fed them at the same time a plant sterol called sitosterol. About the same time Pollak<sup>10</sup> reported that sitosterol had the same effect in cholesterol-fed rabbits and he further showed that sitosterol would reduce hypercholesteremia in human beings.

Sitosterol is a plant sterol present in small quantities in essentially all vegetables, fruits, grains and vegetable oils. The average daily American diet contains about  $\frac{1}{4}$ - $\frac{1}{2}$  gm. of sitosterol. Sitosterol is chemically similar to cholesterol and differs from it only by the presence of an ethyl group in the side chain. Although cholesterol is readily absorbed, sitosterol is very poorly absorbed. By using radioactive cholesterol

it has been shown that sitosterol interferes with the absorption of cholesterol from the intestinal tract. *In vitro* studies show that sitosterol and cholesterol combine physically to form relatively insoluble and unabsorbable mixed crystals of the two sterols. Since approximately 2 grams of dietary and endogenous cholesterol are absorbed from the human intestine daily, it is necessary to give fairly large doses of sitosterol to interfere effectively with absorption. Several examples will serve to illustrate the effectiveness of sitosterol in reducing hypercholesteremia in human beings.

In all studies there was no alteration or restriction of diet. Many of the patients had no knowledge of the purpose of the medication nor the condition for which it was being given. The sitosterol was given as a slightly flavored suspension to be taken just before or with each meal. The study was conducted on a double-blind basis using a placebo preparation. Serum cholesterol determinations were done at weekly intervals.

A clinically healthy 47 year old physician with moderate hypercholesteremia averaging 280 mg% was first placed on the placebo preparation for a period of four weeks during which time there was no change in the cholesterol level (See Fig. 6). He was then switched to the sitosterol suspension which he took in the amount of  $\frac{1}{2}$ -ounce (containing 3 gm. of sitosterol) just before each meal for a period of seven weeks. There was a prompt fall in serum cholesterol concentration to around 200 mg% by the end of the first week and it remained at this level during the seven week period of treatment. He was then switched back to the placebo and his cholesterol level rose. After a vacation, he was again placed on sitosterol at twice the dose and the cholesterol level again fell to an average of 200 mg% indicating that the maximum response had previously been obtained at the lower dose. This response is regarded as a satisfactory one and is typical of that observed in over 65 percent of treated subjects, unselected with respect to associated clinical diagnosis.

In another 20 percent of the cases, smaller responses were observed and in half of these a greater response could be obtained when the dose of sitosterol was increased.

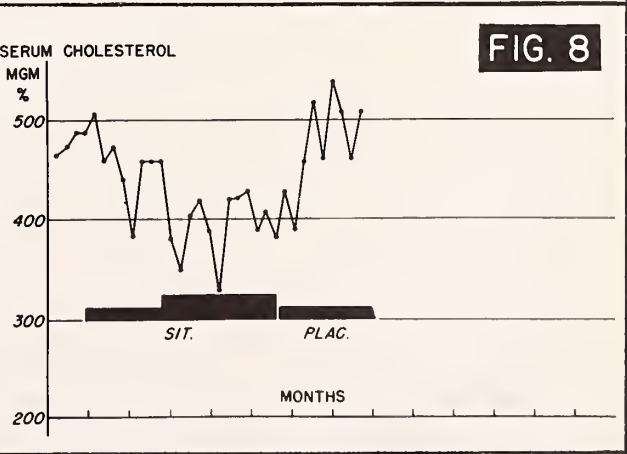
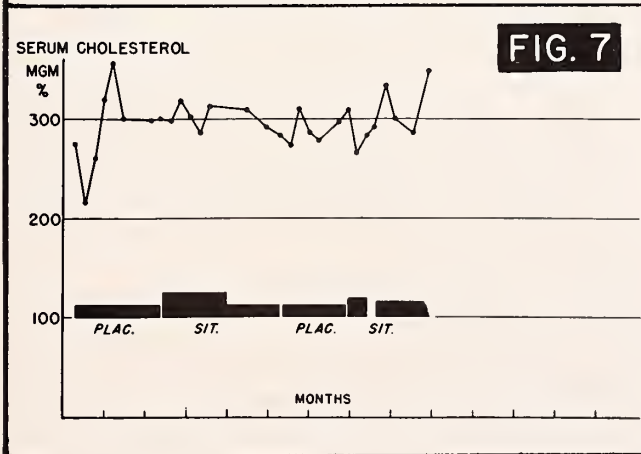
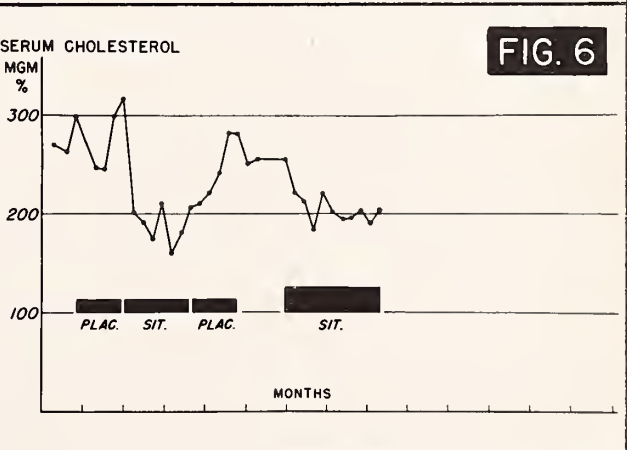
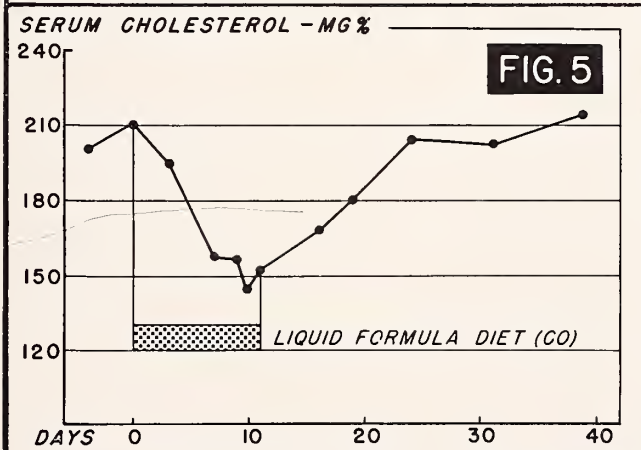
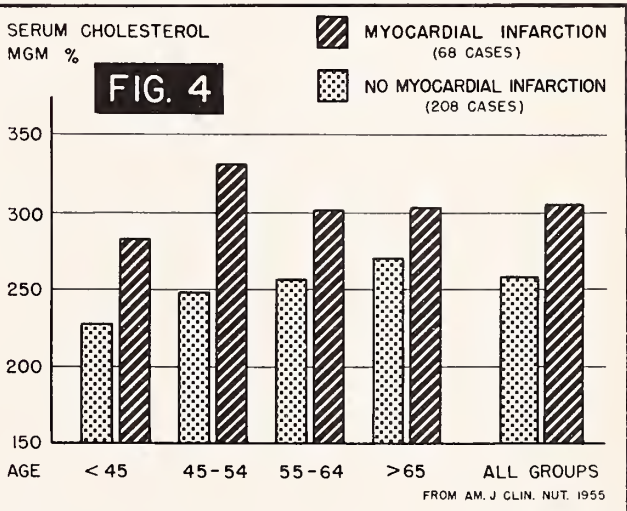
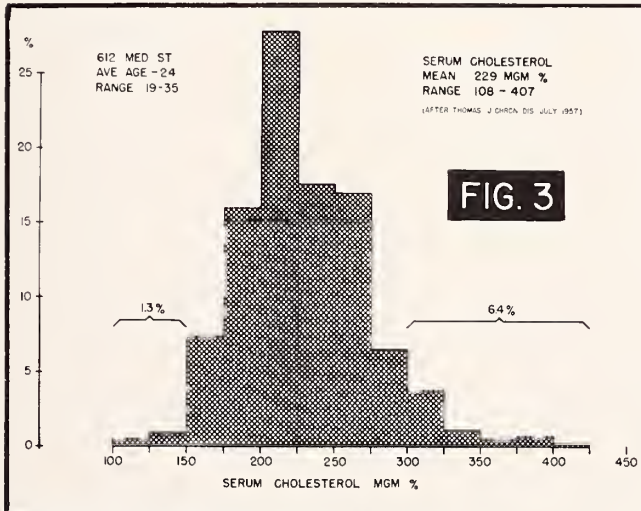
Another case illustrated in Fig. 7 is that of a 64 year old woman with an average serum cho-



lesterol level of 300 mg%. Despite intensive treatment with sitosterol at a dose of 18 grams per day, there was no reduction in the level. It is believed that the patient took the medication as directed. Failure to observe any lowering of serum cholesterol level has been noted in about 10 to 15 percent of hypercholesteremic patients. Failures have also been observed in about half of the patients with essential hypercholesteremia having values in excess of 500 mg%.

Another case is that of a 51 year old woman who had been placed on an extremely low fat diet

for a period of two years before. Her diet was also essentially cholesterol free. Despite the dietary restriction, her serum cholesterol level rarely went below 480 mg% (See Fig. 8). With the administration of sitosterol there was a slow but progressive fall to an average level of 380 mg%. When switched to a placebo preparation, her serum cholesterol promptly rose to the pretreatment level. Since the patient was ingesting very little cholesterol in her diet, the response observed is attributed to interference with reabsorption of endogenous cholesterol of which ap-



proximately 1.5-2.0 gm. per day is secreted in the bile and through the intestinal wall.

## CONCLUSION

These few cases are examples of different responses observed in several hundred patients who have been carefully followed under controlled conditions in several different clinics.<sup>11-18</sup> Lowering the serum cholesterol level with sitosterol or dietary restriction or both is theoretically sound medical management. But is there any evidence that lowering an elevated cholesterol level is associated with clinical improvement or prevention of disease? It may be several years before the answer is known. One would not expect atheromatous deposits which were acquired over a period of several decades to undergo regression in a short period of time. However, two preliminary reports<sup>19, 20</sup> have appeared in which objective improvement in the electrocardiogram, disappearance of angina, increased exercise tolerance, and increase in peripheral skin temperature are described in two small series of patients following sustained reduction of serum cholesterol for a period of months. By abolishing hypercholesteremia, regression of atherosclerosis has been demonstrated in chickens, rabbits and dogs. There is every reason to suspect that the same thing can happen in human beings.

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## Observed Vascular Phenomenon in a Bicornuate Uterus: Report of a Case

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DAVID C. BECK, M.D.

*Monticello*

**P**ATIENTS with uterus bicornis, which may or may not be accompanied by a double vagina, have difficulty in carrying a pregnancy to full term. It has been stated that about 50% of pregnancies occurring in patients with double uterus end in abortion.<sup>1</sup>

Strassmann's metroplasty, an operation converting the two horns into a single cavity, has been recommended as one method for treatment of sterility in such patients, but does leave a scar across the middle of the entire uterus which has been known to rupture in labor and it is an operation of some magnitude.<sup>2</sup>

It would seem that the growing fetus demands increasing vascularity from the uterus, which is not available in marked degrees of bipartite uterus because the uterine and ovarian arteries of each side have no opportunity to meet across the uterine fundus and form numerous anastomoses as they normally do.

### CASE REPORT

A 25 year old white woman was admitted to the hospital for investigation of a pain in the lower right abdomen noticed when sitting or straining. She gave a history of constipation and presented a sterility problem, having been married five years and having had one miscarriage at three and one-half months in the second year of marriage. There had been no other pregnancies and the menstrual periods were irregular. There was a history of an "abscess in the womb" which was surgically treated through the vagina at the age of six years. There was a vague mass in the right lower quadrant which was tender. The vagina and cervix were single,

but to the right of the normal-appearing cervix lay a small fold of mucous membrane which, when lifted up, disclosed an os from which mucous exuded. A normal uterine fundus was not palpable.

In view of the evidence of inflammation, a hysterosalpingography was not thought wise, and pelvic laparotomy was undertaken on April 20, 1956.

The uterus was found to be bipartite, the horns hanging over the rectum like a pair of saddlebags, and of equal size, each with its tube and ovary. There was mild peritoneal inflammation. On picking up each uterine horn, blanching was noted in the entire horn. The side lifted up turned white, until released, when it resumed its normal color. This demonstration of decreased vascularity prompted the surgeon to sew the two horns together in order to create cross-circulation. No attempt was made to convert the two cavities into one, but the medial peritoneal surfaces were simply denuded and sutured together, with interrupted chromic catgut sutures. Both horns were anchored with interrupted chromic catgut sutures to the anterior abdominal wall over the bladder. Appendectomy was also done. Recovery was uneventful and the patient was discharged from the hospital April 26, 1956.

On June 18, 1956, the fold of mucosa representing the cervix of the right horn was pared down, to allow better drainage of the small os.

On June 25, 1956, menstrual flow was observed and it was noted that the flow came only from the small os and none from the cervix. Menstruation ceased in September, 1956 and

pregnancy developed in the right horn, which had no cervix, as such.

A Cesarean section was considered obligatory and was performed at about 38 weeks' gestation on May 9, 1957. At the time of section, the left horn was noted to have grown along the medial side of the right horn, and large dilated vessels could be seen crossing from the left horn and contributing to the blood supply of the pregnant horn. There was no evidence that the two horns had been sutured to the anterior abdominal wall. The pregnant horn was incised vertically and a living female infant was delivered. The placenta was implanted on the medial wall of the right horn. The baby weighed 4 pounds and 13 ounces and has developed normally. The mother recovered uneventfully.

### COMMENT AND SUMMARY

It is assumed that the patient's right horn originally had no connection with the vagina,

and that an incision made for a supposed abscess at the age of six years, opened this side. Since the right horn in this case had no cervix, but emptied separately through a small opening in the vaginal vault, metroplasty, uniting the two uterine cavities, was not thought safe.

The vascular phenomenon of blanching, observed on elevation of each horn of a bicornuate uterus, demonstrates the lack of adequate blood supply for gestational growth, and helps to explain why many of these patients cannot carry a pregnancy to full term. A simple method for improving the blood supply to each horn is described.

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## THE DEDICATED DOCTOR

This whole problem was the subject of a recent magazine article entitled "What Goes On In a Doctor's Heart?" In that article an older physician gave this advice to a young doctor who was seriously disturbed over losing a patient with inoperable cancer:

"You have to decide whether the good you can do is more important than letting yourself grieve over every failure. There will be many failures, many patients for whom you can do nothing. And because you are human, there may even be patients you could have saved if you had been more competent, better trained, or if you had not made just one small error in judgment or treatment.

"But if you let these things overpower you—if you let yourself feel guilty—your other patients will suffer, too. You need a self-confidence that men in few other professions need. You have to know that you have done all you could do—or admit to yourself that you failed and make sure you never fail again in the same way. If you can't, you'll never be a real doctor." . . . I certainly agree with that advice.

(Inaugural Address—David B. Allman, M.D., President, AMA.)



# Present Day Concept of Cleft Lip and Cleft Palate Management

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HAROLD M. TRUSLER, M.D.

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**T**HE TREATMENT of cleft lip and cleft palate deformities has improved considerably during recent years. The management of these conditions has improved by virtue of the fact that specially trained individuals have had the opportunity not only to develop their techniques but to acquire a deeper understanding of the factors entailed in these problems.

This specialized treatment has permitted development of better operations with better ultimate results which gives the patient a fine cosmetic as well as functional result. This assists the patient in finding his normal level in the social and economic stage of the day.

The incidence of cleft lip and cleft palate is reported from nation-wide statistics as occurring about once in every 720 live births.<sup>1</sup> This ratio has been worked out on a national basis as a result of computing available statistics from the health departments of all the states and territories of the United States. It is also interesting to note that the incidence in the Negro race is markedly less; one in two thousand live births.

The occurrence of the unilateral cleft is much more common than the bilateral. Clefts involving the left side of the lip occur about twice as often as do clefts of the right side. About one half of the children who are born with a cleft lip have an associated cleft palate.

The etiology of cleft lip and cleft palate is assumed to be on a developmental basis. Either a direct failure of fusion of the embryonic parts of the lip or according to a more recent theory a failure of mesoderm to cross the area of ectodermal fusion. This concept was proposed by

Pohlmann and recently corroborated by Stark<sup>2</sup> in his investigation of the problem.

The specific etiology of the defect is unknown. Fogh-Anderson<sup>3</sup> showed that at least 30% reported relatives with similar deformities. Other series have varied greatly from that average. Investigation of patients at the Hospital of the Latter Day Saints at Salt Lake City<sup>4</sup> revealed a familial incidence of 80%. Our series of 475 cases show a familial incidence of 15%. There is a rather broad range of variance in familial statistics which is easily understandable. Many people hesitate to admit the presence of a family background of congenital defects or the case may be unknown. There appears in most areas a higher known incidence where intermarriage or inbreeding is common. Many etiological theories have been proposed, among them are malnutrition, increased maternal age, anoxia, hormonal imbalance, genetic recessive characteristics and infectious disease during pregnancy.

We feel that the treatment of the cleft lip or cleft palate child begins immediately on notification of the family that the problem is present. It is essential that an authoritative, but practical explanation be given to the family. The family doctor or pediatrician can council the family so that they are well adjusted from the psychological point of view. The explanation should include the assurance that modern surgical procedures can remedy the deformity to such a degree that the child under normal circumstances can grow into an average, healthy adult.

The immediate care of the infant frequently poses a feeding problem to the parents. This

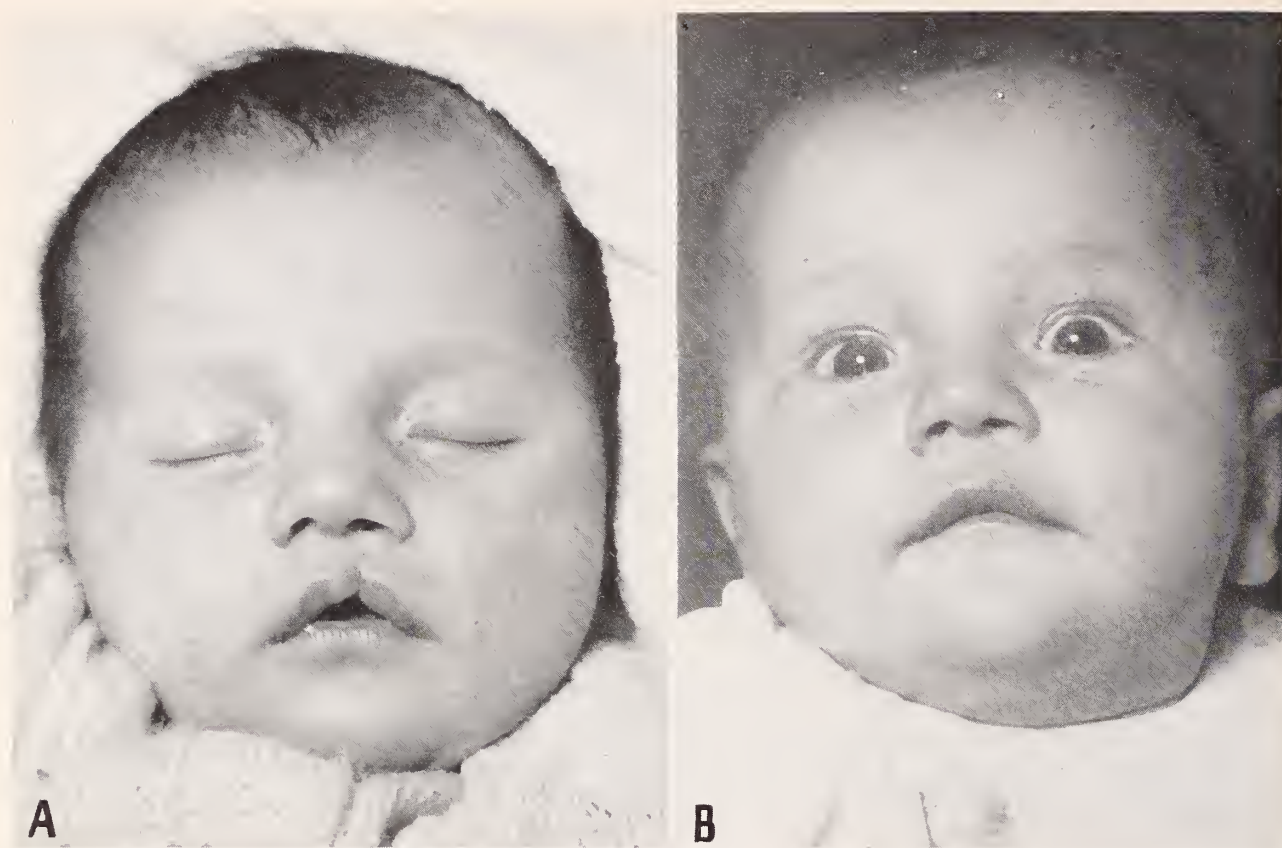


Fig. 1

- A. Characteristic preoperative appearance of a mild or type I cleft lip.  
 B. Appearance after modified Le Mesurier type repair.

ordinarily is not a complicated problem, consequently should be kept as simple as possible. The use of special feeders or appliances is rarely indicated. The most practical suggestion is the use of a cut nipple, that is an ordinary soft nipple with the openings enlarged so that the formula will flow out by gravity.

If the child is unusually small or underdeveloped and cannot tolerate nipple feeding, an asepto syringe with a short length of soft rubber tubing attached to the end makes an ideal feeding appliance. We definitely do not feel that gavage feeding is indicated except in extremely unusual circumstances.

The regularly prescribed formula is usually adequate, however we recommend a three hour feeding schedule instead of the usual four hour plan. Nutritional supplements such as vitamins and iron should be added to the standard diet in order to get the child in the best condition as early as possible.

#### CRITERIA FOR SURGERY

There are certain preoperative considerations and definite criteria established for surgery in the

cleft lip child. This is not an emergency operation, therefore the attending physician and the surgeon should agree on a time for the operation when the condition of the child is optimum.

Our criteria for surgery are :

1. The child should weigh a minimum of seven pounds.
2. Must be free of any systemic or local disease which would contraindicate operation.
3. Must have regained the postnatal weight loss and be in a phase of steady gain.
4. Hemoglobin determination must be more than 10 grams, or 70%.

The repair of the bilateral or double cleft lip is a far more complicated problem. The previous one stage operation which formerly was routine, gave excellent immediate results, but extremely poor late results. These late deformities were the result of an abnormal loss of soft tissue and associated hypoplasia of the maxilla. These deformities were typical of almost all bilateral cleft lip patients.

As a result of this previous experience, all bilateral clefts of the lip are now operated in two



stages, one side of the cleft at a time. This preserves the soft tissue and minimizes interference with growth of the maxilla. This two stage primary operation promises to minimize the late deformities characteristic of bilateral cleft lip repair.

Utilizing the previously mentioned criteria, the child is usually from two to six weeks of age at the primary lip repair.

It is particularly preferable to do an early operation where the deformity is severe with extensive involvement and malposition of the alveolar ridge. Closure of the lip over the bony deformity will tend to reposition the bone into its normal relationship in the anterior maxillary arch.

Surgical procedures of the past have always left the patient with the stigma of the "harelip" or straight line scar. Due to better knowledge of the physio-pathology and anatomy of the cleft lip, modern primary cleft lip repair offers many advantages such as improved nostril contour, normal lip balance, normal pout of the lip or lip eversion and a full lip vermillion.

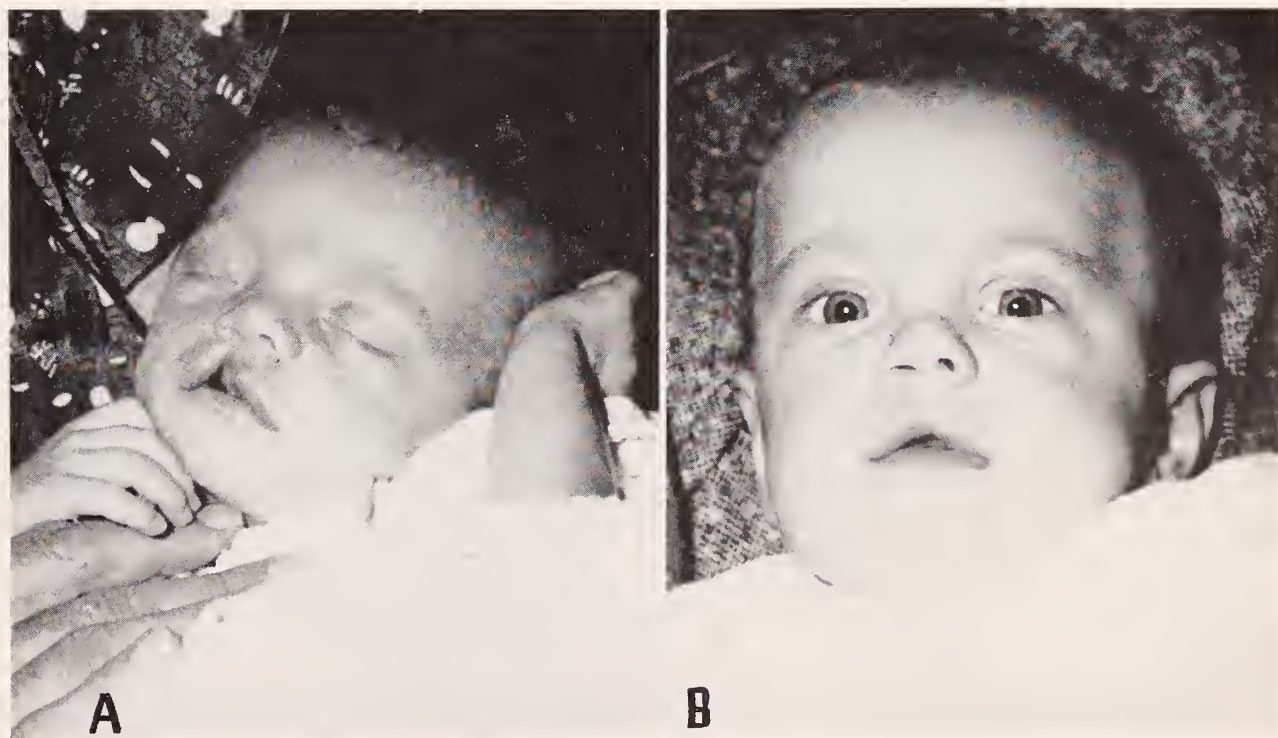
At the present time we feel that the optimum procedure for the primary repair of the unilateral cleft lip is a square flap technique popularized by Le Mesurier in 1949.<sup>5</sup> Le Mesurier gave

credit to Hagedorn for developing a similar technique in 1884. Bauer, Trusler and Glanz<sup>6</sup> in 1953 described further modifications of the step line or square flap procedure, which is the procedure of choice today.

The bilateral clefts of the lip are being repaired in two stages. The procedure is a modification of the Axhausen operation<sup>7</sup> which we have developed in recent years. Correction of the bilateral cleft lip deformity is reputedly one of the most difficult operations attempted, though prospects for improved late results are better with the new methods introduced.

During the surgical procedure, general anesthesia is used routinely. Ether insufflation through an intra-oral catheter is the method of choice. The general anesthetic is supplemented with half percent procaine with 1:100,000 epinephrine local infiltration of the lip. This is used for two reasons to minimize the amount of general anesthesia required and to aid in hemostasis during the operation.

Postoperatively, the patients are observed with extreme diligence until complete recovery from anesthesia in order to prevent any possible respiratory distress. They are routinely placed in restraints in order to prevent interference with the repair. During the postoperative period the



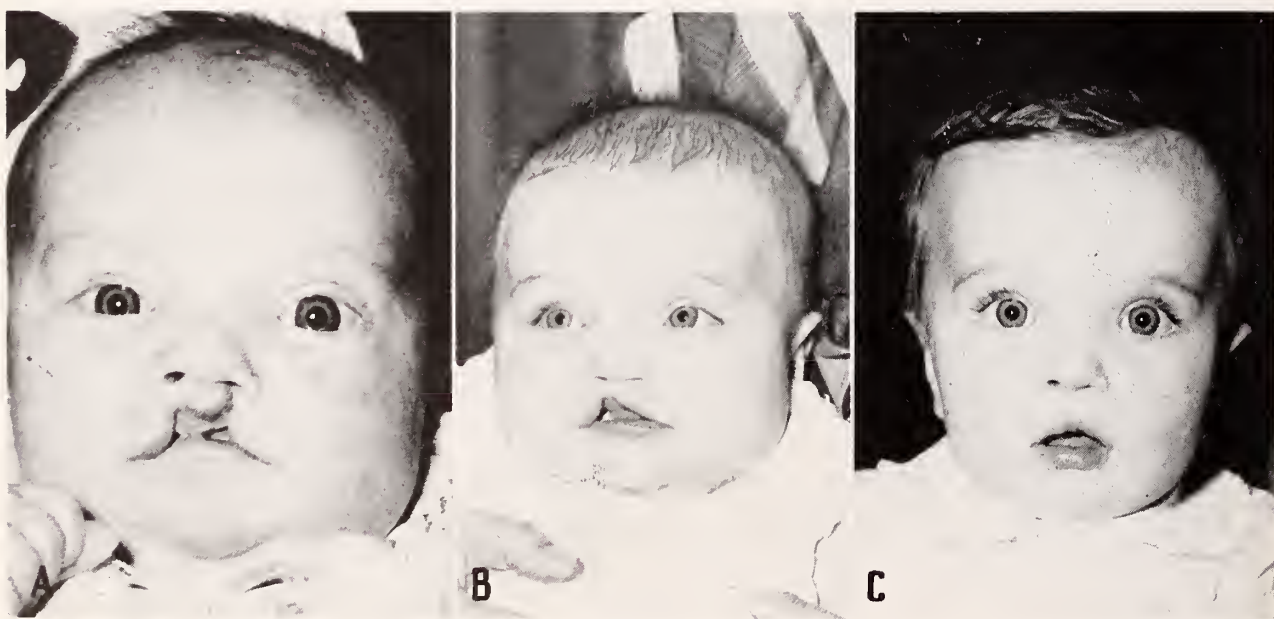
**Fig. 2**

- A. Preoperative appearance of a moderately severe partial cleft lip.**
- B. Postoperative appearance.**



**Fig. 3**

- A. Preoperative appearance of a severe, unilateral complete cleft of the lip, jaw and palate.
- B. Postoperative appearance at age 3 years.



**Fig. 4**

- A. Bilateral cleft lip deformity with a partial cleft of the right side of the lip and with complete cleft of the left side of the lip.
- B. Appearance following repair of left or complete side of the cleft. Residual appearance is that of a unilateral right partial cleft lip.
- C. Postoperative appearance following repair of the second or right side of the cleft lip.



patients are placed on antibiotic therapy. They are fed by means of a rubber-tipped asepto syringe in order to prevent the necessity of sucking to minimize strain on the suture line. The sutures are removed on the sixth postoperative day.

After release from the hospital the parents are advised to keep a small strip of tape across the lip over the scar. This relieves some of the tension across the scar and at the same time maintains gentle pressure over the scar. This improves the ultimate appearance of the scar. The intra-oral sutures are removed at the end of the second week. The child is usually seen one week later, then at monthly intervals until the scar is well healed.

Those children who are afflicted with a bilateral cleft of the lip undergo the same general procedure except that they are returned to the hospital for the second operation 6 to 12 weeks following repair of the first side of the lip.

The results of cleft lip repair by modern techniques are extremely gratifying. Secondary revisions may be necessary occasionally to correct deformities that may occur during development and growth. We do not recommend any secondary procedures as a rule until the child is of preschool age.

Secondary revisions of old cleft lip deformities are now being adequately treated by a square flap technique in association with a modified rhinoplasty. This procedure is being performed most commonly in young adults under local anesthesia.

### AIDS SPEECH FUNCTION

The primary consideration in the repair of a cleft palate is the establishment of the mechanism for obtaining normal speech. In order to accomplish this end the optimum age for repair averages from 18 to 24 months.

The criteria for cleft palate surgery are:

1. Freedom from upper respiratory disease or exacerbations of otitis media.
2. Minimum hemoglobin of 10 grams.
3. Freedom from systemic disease.
4. Must be weaned from the bottle.

Most clefts of the palate can be repaired in one operation. In the case of the bilateral com-

plete cleft a two stage closure is recommended. The duration of the hospitalization is usually one week. The palate sutures are absorbable and do not require removal.

During the immediate postoperative period the child is maintained on a mechanically soft diet and care should be taken that no sharp objects such as pencils be permitted the child for fear of perforating the newly repaired palate.

In spite of the increasing incidence of good speech resulting from the surgical treatment of cleft palate, the rehabilitation of the cleft palate patient cannot be adequately accomplished without the assistance of the speech therapist, orthodontist and prosthodontist in many cases.

### SUMMARY

The incidence of cleft lip and cleft palate is high in the ranks of congenital deformities.

The methods and standards of treatment have changed and improved in recent years. Criteria for repair of these defects are definite.

Primary as well as secondary methods of surgical repair offer excellent results both from the cosmetic as well as the functional point of view.

The general plan of preoperative as well as postoperative care is outlined for the general information of interested parties.

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# Skin Grafting Complicated by Chickenpox: Report of a Case

C. O. ALMQUIST, M.D.

ROBERT J. MILOS, M.D.

LEO RALPH BROWN, M.D.

HYMAN R. MORRIS, M.D.

*Gary*

THE COMPLICATION of a skin graft by chickenpox is extremely rare. A careful search of indexes of the American Medical Association Library and reprint files for the past 20 years has produced no similar report on the subject.<sup>1</sup> The Consulting Bureau of the W. F. Prior Company also reports that a search for information by its research staff has failed to find any similar report.<sup>2</sup> Therefore, we believe that our experience should be reviewed.

## CASE REPORT

The patient, a 3 year old white boy, was admitted to the hospital through the emergency room on April 26, 1956. Shortly before admission he had received scalding second degree burns of the face, trunk and all extremities. The extent of the burn amounted to 50 percent of the total body surface.

The child was originally treated with topical anesthetic spray, petrolatum gauze, antibiotics and blood transfusion.

On April 30, with the patient under general anesthesia, the burns were debrided and redressed. Supportive therapy with intravenous fluids, blood transfusions and antibiotics was continued. The burned areas healed slowly except for part of the upper extremities, back and abdomen, which parts, it was predicted, would require skin grafts.

On May 1, 1956 the child was exposed to measles and was given 5 cc of gamma globulin. Measles did not develop during his stay in the hospital.

His temperature, which remained elevated al-

most continuously from the time of admission, varied from 100 to 101 degrees. On May 3 the temperature was 103 degrees.

At this time, when the dressings were changed, an infection of the burns of the thorax was noted. The pus was thick green and had the odor of *Pseudomonas aeruginosa*. A culture, however, showed *Staphylococcus aureus*.

On May 16 a purulent otitis media was noted. A culture revealed *Pseudomonas aeruginosa*. Roentgenograms of the mastoid area showed some clouding of the right mastoid cells and some suggestion that the mastoid cells had been destroyed. These symptoms were associated with an upper respiratory infection. A roentgenogram of the chest revealed slight bronchitis. After considerable treatment all of these complications were controlled.

On May 21 skin grafts were taken from the thigh and applied to the back and arms. They were unsuccessful. A second attempt was completed on June 15, after which the patient's temperature rose. Three days later vesicular eruption was noted on the arms and legs. These vesicles were typical of chickenpox.

At this point our great concern was the effect that chickenpox would have on the grafts. We noted that there were extremely few lesions on the skin grafts as compared with the normal skin. The donor sites showed an average number of vesicles.

Despite our fears of unsuccessful grafts, the chickenpox did not interfere with good results. The child made a full recovery. He was discharged on June 27 in good condition except for



a residual otitis media and a small perforation of the tympanic membrane.

The following speculations may help to explain the final successful outcome of the skin grafting:

1. The immune bodies from several transfusions may have altered the course of the disease. If so, why did they not alter the dermal response uniformly?
2. The relative avascularity of the grafts

probably interfered with virus response of the skin.

3. The relative resistance of the granulation tissue to infection may have altered the number of vesicles.

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### PHYSICIANS TO MAIL REMINDER CARDS: MILLIONS LACK FULL POLIO IMMUNIZATION

People who haven't started or haven't completed their series of polio shots may soon be receiving reminder cards in the mail.

The cards will be mailed by their private physicians as part of the American Medical Association's "operation cleanup" in its polio inoculation campaign.

Persons under 40 years of age who have not yet been inoculated or who have not completed their series of three shots will receive an orange card. Those ready for their third shots will get a blue one.

Every practicing physician in the country has already received sample cards. Doctors may order from the A.M.A. as many cards as they want to send to their patients.

The A.M.A. hopes that "operation cleanup" will help bring polio closer to the point already reached with whooping cough and diphtheria—where polio vaccination is a part of the general routine for infants and children.

However, there are still 44 million Americans under 40 who need second or third injections and approximately 37 million who have had no polio shots. Most of these people need only "a gentle word of advice from the man most concerned with their health—their own doctor" about the need for and value of polio shots.

Vaccine supplies are now ample to meet all foreseeable needs, A.M.A. reports. The U. S. Public Health Service forecasts that about 13 million cubic centimeters will be released monthly during November and December. About 29 million cc. were released during September and October. Compared with the 28 million cc. released in June, July, and August and with the 8 million cc. released monthly during the first eight months of the year, more vaccine is available now than has been since early in the year.

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## MEDICAL EDUCATION

**A** NATIONWIDE PROGRAM for the improvement of the supply of anatomical material has been organized by the National Society for Medical Research.

The number of cadavers obtainable for anatomical instruction in medical schools has been decreasing all over the country for a number of years. At least in some schools, the problem has now reached serious proportions. Such important courses as surgical anatomy and the adequate instruction of nurses and public health personnel have in some instances been curtailed.

The recommended program includes:

1. A survey of public opinion toward anatomical studies.
2. A series of conferences with religious leaders, public welfare administrators, undertakers, hospital superintendents and other persons concerned with the disposition of bodies.

3. A program of education for persons in the health professions.

4. A general public educational program.

5. The drafting of modern laws making bodies available through bequest (in 39 states, a person's body is not his own to give after death).

6. Legal reference service, with standardized forms and procedures for bequeathing a body to a medical school.

The problem is a serious one, but one which should be solved by a rational program as outlined above. Indiana has experienced a shortage in teaching material and has accomplished a plan for the bequeathing of bodies for scientific purposes. Further work and education needs to be done. Unless the problem is solved the teaching of anatomy and all the branches of medicine upon which this knowledge depends will tend to revert to the standards of medieval times.



## JENKINS-KEOGH BILL

**F**OR SEVERAL MONTHS the House Ways and Means Committee of Congress has been planning a study of taxation problems. Included on the agenda is the Jenkins-Keogh proposal which if enacted into law will allow self-employed persons to set up their own pension plans on a tax-deferred basis.

Hearings before the committee have been scheduled to begin on January 7, and the interested groups of citizens have been asked to combine and coordinate their presentations in order to conserve time.

The American Thrift Assembly, in which the American Medical Association is one of the participating groups, has been interested in this proposed legislation and is now asking all individuals who are concerned to write their congressmen in support of the plan.

A provision which would allow self-employed individuals to build up pension funds for themselves with federal-income-tax-exempt money would in effect place the self-employed on a par with owners and employees of corporations who already have this right.

The plan is eminently fair. It does not seek any special privilege for the self-employed. It merely seeks to obtain for the self-employed a just and equitable tax position with other citizens.

Now is the time to write to your Representative in Congress in support of this bill.

For your convenience in writing your Congressman the list of Indiana Representatives in Congress is published.

First District—

The Honorable Ray J. Madden

Second District—

The Honorable Charles A. Halleck

Third District—

The Honorable F. Jay Nimitz

Fourth District—

The Honorable E. Ross Adair

Fifth District—

The Honorable John V. Beamer

Sixth District—

The Honorable Cecil M. Harden

Seventh District—

The Honorable William G. Bray

Eighth District—

The Honorable Winfield K. Denton

Ninth District—

The Honorable Earl Wilson

Tenth District—

The Honorable Ralph Harvey

Eleventh District—

The Honorable Charles B. Brownson

All letters should be addressed to the Congressmen at the House Office Building, Washington, D.C.

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## REUTHER ON MEDICAL INSURANCE

**W**ALTER REUTHER, President of the United Automobile Workers, was the Biddle Lecturer before the Annual Convention of the Michigan State Medical Society in September of this year. He was prevented by illness from delivering the speech in person; Leonard Woodcock, UAW vice president, read the address.

Mr. Reuther introduced his talk with an expression of gratitude for the medical care which

he received in 1948 at the time of his shotgun wound. He then outlined the advances in medicine in recent years, both in therapeutic and in preventive fields, and touched on some of the improvements to be expected in the future.

From this basis he developed the fact that modern medicine has become more expensive, the worker has had to find ways to allocate more money to health care. Health insurance has

therefore, according to Mr. Reuther, become essential and must be improved.

He pointed out that while medicine may have entered prepayment insurance reluctantly to avoid government medicine, the workers entered it reluctantly because government medicine was not available. This explanation of how prepayment insurance started, he stated, was of academic interest only, the important fact being that both sides were now involved in prepayment and the common problem was to make it work.

And to quote directly: "To accomplish this we face some troublesome and unsettled questions—the scope of health insurance; setting of fees and methods of remuneration that are adequate, on the one hand, and equitable on the other; finding ways for health insurance to contribute to the best development of good medical care."

Mr. Reuther then outlined the aims of labor in general and his union in particular. Shorter work week, pensions, unemployment insurance, guaranteed annual wage, and compensation for work injuries, all have been achieved with a view to the common good and a reduction of the high cost of living.

He insisted that the quest for economic security is not at odds with medical practice any more than the quest for health.

Mr. Reuther pointed out that laborers desire more complete coverage in health insurance, and that they are willing to pay for it. He is of the opinion that the fact that employers pay for part or all of the medical insurance does not alter the assumption that the workers are paying for it.

In discussing the union's method of obtaining more complete coverage he said:

"The UAW decided not to launch a separate union medical care program. It has taken the much more difficult course of working with the rest of the community. Setting up a union program would be pulling out of existing hospital-medical programs the group that now carries the major share of the financial load. It would fragmentize medical care in the community and ultimately leave thousands and thousands of families in a kind of no-man's land with no real protection."

Speaking of the principles upon which he thinks medical insurance should be based, he stated that small claims and predictable expenses should be considered as suitable for insurance coverage.

He expressed a belief in the necessity of preserving the personal relationship in medicine. "No one would knowingly advocate impersonal, assembly-line medicine." However, he said he did not understand why the manner in which a pathologist is paid makes any difference, and he does not see how the doctor-patient relationship is in any way impaired by the adoption of a modern plan for paying the doctor.

The address was closed by a description of a new organization, Community Health Association, which is backed by the UAW, and which is expected to experiment not only with broadened prepayment benefits but also with medical care organization. He complimented the medical profession of Michigan for the way in which members of the profession had joined in discussions on medical care under the sponsorship of the Community Health Association.



# The President's Page

## THE DOCTOR OF PRINCIPLE

WITH THE ADVENT of the third party in the practice of medicine and its consideration of health as a commodity subject to bargain, the individual practitioner, steeped in the tradition of practice as a personal service, is confronted with problems designed to sorely test his integrity. Right dealing appears in many instances to be finished.

Let the bad faith shown by some third parties, and even by members of this profession, serve not as example, but as warning. It is not a situation that can be corrected by conformation, nor by active resistance, using the same methods and tactics of its promulgators. Herein lies the peril of the latter; the unhinging of integrity in the contemplation of such baseness of conduct.

But the Doctor of Principle never loses sight of what he **is**, because of what others **are**. He will persist in the principle of personal service, maintaining his high standard of professional care and availing himself of no more than reasonable recompense for his services, neither acquiescing in nor joining battle against those others pitted against him.

If medicine's plan and method for the distribution of medical care through its own agencies, assuring personal service with free choice of physician and hospital and with at least token responsibility of the participants in its implementation is best, it will survive and expand by its own merits. If it does not, right or wrong, the Doctor of Principle will be secure in the grace of his own understanding and in the honor in which he is held.

*W. C. Lippincott M.D.*





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**NEW DOSAGE.** The recommended adult dose is 1 Gm. (2 tablets or 4 teaspoonfuls of syrup) the first day, followed by 0.5 Gm. (1 tablet or 2 teaspoonfuls of syrup) every day thereafter, or 1 Gm. every other day for mild to moderate infections. In severe infections where prompt, high blood levels are indicated, the initial dose should be 2 Gm. followed by 0.5 Gm. every 24 hours. Dosage in children, according to weight; i.e., a 40 lb. child should receive  $\frac{1}{4}$  of the adult dosage. It is recommended that these dosages not be exceeded.

**TABLETS:** Each tablet contains 0.5 Gm. (7½ grains) of sulfamethoxypyridazine. Bottles of 24 and 100 tablets.

**SYRUP:** Each teaspoonful (5 cc.) of caramel-flavored syrup contains 250 mg. of sulfamethoxypyridazine. Bottle of 4 fl. oz.

1. Nichols, R. L. and Finland, M.: *J. Clin. Med.* 49:410, 1957.

# *The Woman's Auxiliary*

## REPORTS TO I.S.M.A.

SINCE 1951 some of the specific causes of injury to the occupants of passenger cars involved in accidents have come to be understood. The Automotive Crash Injury Research Project is conducted by the Department of Public Health and Preventive Medicine of Cornell University Medical College. The information produced is used by automotive manufacturers as a basis for planning design changes in automobile structures aimed at reducing the frequency and severity of injury in accidents.

Likewise, these data are producing statistics which promise to implement medical treatment of auto crash victims through more definitive knowledge of the nature and scope of the problem. The Trauma Committee of the American College of Surgeons has expressed great enthusiasm in this project.

These design improvements were demonstrated at our Scientific Safety Display during the annual state meeting of the I.S.M.A. at French Lick through the cooperation of the Crash Injury Research and Safety Education Divisions of the Indiana State Police. These improvements have been made possible only through the excellent medical data contributed by physicians.

Last month the President's Committee for Traffic Safety sponsored a three-day seminar at Northwestern University. This seminar was on the ACTION Program for Traffic Safety. A detailed orientation was given as to the traffic accident and congestion problems confronting American communities and states. Practical procedures were offered leading to ACTION that groups such as our Auxiliary can undertake to support official agencies in reducing accidents, relieving congestion, and improving the highway transportation system.

Last year 40,000 Americans lost their lives in traffic accidents. If the present rate continues 54,000 will die in 1957.

Is there hope for this problem? There is, emphatically, such hope. It is not to be found in platitudes nor defeatist philosophy. That hope lies in the ACTION Program for Traffic Safety designed for implementation at every level of American life.

As doctors' wives we are striving to do our share in overcoming one of the most critical domestic problems confronting our nation.

Sincerely,

BETTY ACHER  
(Mrs. Robert Acher)  
State Safety Chairman  
446 East Washington Street  
Greensburg, Indiana





**SCIENTIFIC SAFETY DISPLAY**—Sponsored by the Safety Committee of the Woman's Auxiliary to the Indiana State Medical Association in cooperation with the Crash Injury Research and Safety Education sections of the Indiana State Police.

The display was shown at the French Lick-Sheraton Hotel October 6-9 during the annual convention.

Pictured, left to right, are Sgt. Elmer C. Paul, Indiana State Police; Mrs. Wendell Stover, President of the State Auxiliary; Mrs. Robert Acher, State Safety Chairman; and Sgt. Don Smiley, Indiana State Police.

## ACTIVE TB DECLINES: MANY NOT UNDER TREATMENT

Although active tuberculosis has declined 30% in the last five years, the general control picture is not entirely reassuring. This is the report of Public Health Service and the National Tuberculosis Association on results of the only nationwide survey in five years.

The check shows that despite intensive efforts for control, almost 40% of the active cases are unknown to health authorities, and these people are not receiving treatment. ("Unknown" cases are estimated on the basis of X-ray survey findings.)

Other findings—In the five years there has been no decrease in number of persons who are or have been ill with the disease, and there are still about 250,000 persons known to have tuberculosis in its active form. The most encouraging phase of the report is that active cases have dropped from 350,000 to 250,000 and in active cases requiring supervision of health departments from 600,000 to 550,000.

# Medical School Enrollment in U.S. Continues to Increase

OF EVERY 100,000 persons in the United States, 4.7 were enrolled as freshmen in American medical schools during 1956-57.

In fact, there were more freshmen medical students that year than ever before: 7,791, compared with 7,686 in 1955-56, according to the 57th annual report on medical education made by the American Medical Association's council on medical education and hospitals.

However, the number of 1957 graduates (6,796) from 78 approved four-year schools was slightly smaller than the 6,845 graduated in 1956.

The 7,791 freshmen were part of 28,852 students enrolled in the 78 four-year approved medical schools and four schools of two-year basic medical science in the U. S. 1956-57 was the eighth consecutive year that a new record in total enrollment was established, the report said. In 1956-57 there were 28,639 students enrolled.

In addition to teaching these medical students, the schools also undertook to teach more than 62,000 other undergraduate students in allied medical fields. These were in dentistry, nursing, pharmacy, x-ray, and medical technology, arts and science courses, physical or occupational therapy, and medical records and medical librarianship. The schools also assisted in the education of interns and residents and practicing physicians doing postgraduate study.

The schools spent more than 200 million dollars in 1956-57, the report said. The cost of supporting the many activities of medical schools has risen steadily with the expansion of those activities and with the general increase in the price of services and goods. Since so many of the schools' funds come directly or indirectly from public sources, there should be available a more meaningful method of accounting for expenditures, the report said.

In fact, an editorial in a recent A.M.A. Jour-

nal, in which the report appears, called for the development of a uniform system of cost accounting among medical schools. In that way, schools could tell more exactly where their money goes and why they need the amounts they do.

Much financial support has been given to the schools by two organizations, the American Medical Education Foundation, which is supported by physicians and medical organizations, and the National Fund for Medical Education, which draws its funds from industry and the Ford Foundation. During 1956, 39,892 contributors gave the foundation \$1,072,727, an increase of 40 per cent over 1955. The National Fund gave \$3,066,450 to medical schools last January.

The report also showed the following:

During 1956-57 the schools of medicine at the University of Mississippi and the University of Missouri graduated their first classes. The University of Florida Medical School, Gainesville, Fla., and Seton Hall College of Medicine and Dentistry, Jersey City, N. J., enrolled their first classes.

Beginning in September 1960, the University of West Virginia will enroll third year medical students. At present it has only a two-year school of basic science. First classes will be admitted at the University of Kentucky, Lexington, in 1959 or 1960.

Thirty-three schools reported initiation or completion of major construction projects. Nineteen began projects estimated to cost about \$32,200,000, while 20 completed projects representing an investment of \$67,500,000.

There were 1,646 women enrolled in medical schools during the year, and 330 women were graduated in 1957.

Ninety American citizens were enrolled in the 12 Canadian medical schools, while eight Canadians were in U. S. schools.

## 45 SCHOOLS TEACH DISASTER MEDICINE

Forty-five American medical schools are now participating in a special program dealing with the problems of military and disaster medicine.

The program, Medical Education for National Defense (MEND), was started in 1952 with five pilot schools. It has steadily expanded and now includes more than 14,000 medical students in 45 schools.



# Vanderburg County Auxiliary Stars of Entertainment Bill

Eclipsing their performance of two years ago, members of the Vanderburgh County Woman's Auxiliary presented an original song and dance skit at the ISMA convention at French Lick on Monday evening. A capacity audience rewarded the "actresses" for their long months of hard work by their almost constant applause and hearty laughter.

Dressed alike in black leotards the performers achieved special effects by the addition of a few accessories for the individual acts. Once again, they told the story of medicine and its specialties from the viewpoint of the doctors' wives. Our agents inform us that Evansville physicians collaborated on some of the lyrics, giving them a lusty realism.

Photographs, below, were taken by Dr. John S. Huoni, Jeffersonville. The originals were in color.





# *Auxiliary Events*

Highlights of the convention for the Woman's Auxiliary were the Monday evening Past President's dinner and the luncheon on Tuesday in the French Lick-Sheraton hotel.





# Past Presidents

Past presidents of ISMA who attended the 108th annual convention at French Lick enjoyed a luncheon Tuesday. Upper photograph, clockwise, shows Drs. W. U. Kennedy, Cleon A. Nafe, the late J. William Wright, Herman M. Baker, R. L. Sensenich and F. M. Crockett.

Lower photograph shows Dr. George Woodhouse, president-elect of Ohio State Medical Association, and Dr. G. W. Slagle, president of Michigan State Medical Society, special guests; Drs. Karl R. Rudell, Wm. H. Howard, Elton R. Clarke, W. L. Portteus, and George R. Daniels.



At lower left, Dr. Paul D. Crimm who joined other past presidents during the social hour but attended another luncheon.



## Special Organizations and Sections Meet



Photograph, top left, shows group at Section on Medicine luncheon in Roost Room, west.

Top right, Section on Surgery, Roost Room, east.



Below, left and right, Section on General Practice, South Foyer, left.





## Special Luncheons

Views, left, were taken at the joint luncheon meeting of the Section on Public Health and Preventive Medicine and the Indiana Health Officers' Association in the South Foyer, right, of the French Lick-Sheraton Hotel, October 8.

Right, groups at the annual luncheon of the State and County Tuberculosis Committees, with the Indiana Chapter, American College of Chest Physicians participating, in the Mural Room.



## Women Exhibitors Dinner

While the annual stag party and the Auxiliary dinner were in progress women exhibitors and headquarters staff members enjoyed a private dinner in the TV Room, then joined the others for the Monday evening entertainment in the main dining room of the hotel.







## *President's Night*

Traditionally, President's Night at the ISMA convention is a sparkling event. Top photograph shows officers standing as the hotel waiters enter with trays of flaming dessert on their heads. After circling the dining room, the waiters then do a cakewalk to the applause of the diners.

Following the President's address, professional entertainment was presented. Five top quality acts appeared before the hundreds of physicians and their wives, exhibitors and guests. Table groups at the President's Night dinner are shown on this and the following page.





# Tuesday Night Guests





# Rehabilitation of All Patients Prime Medical Responsibility

***Indiana quickly followed the example set at the national level by establishing a "Program on Rehabilitation" at the annual convention in October. The House of Delegates asked that a full study of the problem be made and that county societies be encouraged to establish similar programs.***

A NEW kind of medicine—rehabilitation—is being created today as more doctors realize that the medical job is not done when the cast is removed or when drugs have cured the immediate illness.

In fact, rehabilitation is becoming as important as preventive health and the actual medical treatment of the sick or injured, according to a special article in the November 2 Journal of the American Medical Association.

Today, as never before, thousands of physicians of all types are recognizing that follow-through rehabilitation of all patients (not just the severely disabled) is a prime medical responsibility.

World War II and the "Penicillin Age," with its beneficial chain reaction in all branches of medicine, began to open many doors which formerly had been closed to disabled persons, the article said.

"Turning to the handicapped to relieve its wartime manpower shortage, industry found it was getting more than it bargained for: better workers. One-time employees injured in battle, meanwhile, were surviving hurts which a generation earlier, surely would have doomed them. Many of these veterans returned home to show that, with proper training, they too could be self-sufficient," the article said.

While "more likely than not, a doctor's hand holds the key" to the doors now opening to the disabled person, the doctor can't do the job alone. He needs the help and skill of allied medical groups, industry, and lay individuals and organizations.

Industry, according to the article, has an ample pool of disabled from which to draw manpower. Over 2 million seriously handicapped

men and women of employable age are wasting away their skills. This number is being increased by about 250,000 each year.

Every day of every year the American public is paying \$1,500,000 in taxes to provide maintenance and medical care for the disabled. Yet one government study shows that earnings of the disabled persons rehabilitated last year rose by 580 per cent—from 19 to 129 million dollars.

Miss Mary Switzer, director of the U. S. Office of Vocational Rehabilitation, estimates that in the next three years, rehabilitees of 1956 will pay back in federal taxes the amount of money which the U. S. has spent for their rehabilitation—32 million dollars. States had contributed another 19 million dollars.

In addition to helping themselves and the nation's economy as a whole, rehabilitated persons have demonstrated their worth to their employers all over the country. For example, Lockheed Aircraft Company saved \$65,000 in salvage by employing a workshop for the blind to recover tiny nuts, screws, and washers from sweeping below its B-47 production line.

Of course, the article pointed out, a man doesn't suddenly become skilled by virtue of his handicap. It takes expert training and counseling under medical guidance to develop capabilities out of disabilities. This has led to job training for the handicapped at 123 Veterans Administration hospitals, at special centers, in some general hospitals, and even on the work site. And companies which will hire only handicapped workers are developing.

But, as the article concludes, rehabilitation for the disabled is much more than a cure or a way to a job. It is "delicious freedom from a prison of dependence." Having survived, disabled people now need to be revived.

# New Council Now Screening Foreign Medical School Graduates

**A**FTER nearly three years of planning the Educational Council for Foreign Medical Graduates has placed an "open for business" sign on the door of its offices in suburban Evanston.

The council, which will carry out a detailed and comprehensive program for evaluating foreign medical school graduates, has offices in the Orrington hotel in Evanston. The executive director is Dr. Dean F. Smiley, Chicago, former secretary of the Association of American Medical Colleges.

It was decided three years ago that some form of evaluation service should be established within an independent agency whose affairs would be directed by a board of trustees designated by four cooperating organizations, the American Medical Association, the Association of American Medical Colleges, the American Hospital Association, and the Federation of State Medical Boards of the United States. For the next two years, the council will be supported by the four sponsoring agencies, the Kellogg Foundation, and the Rockefeller Foundation.

## HOW COUNCIL FUNCTIONS

The council, incorporated in the State of Illinois, will be administered by a 10-member board of trustees—two representatives from each of the four sponsoring agencies and two persons representing the public at large, one named by the U. S. Department of Defense and the other by the U. S. Department of Health, Education and Welfare.

The president of the board is Dr. J. Murray Kinsman, dean of the University of Louisville School of Medicine.

Dr. Smiley said the council will distribute to foreign medical graduates around the world authentic information regarding the opportunities and difficulties involved in coming to the U. S. on an exchange student visa to take intern or resident training in a U. S. hospital, or coming on an immigrant visa with the hope of becoming licensed to practice.

The council will make available to properly qualified foreign medical graduates, while still in their own country, all information on how to obtain certification. This involves a three-way screening process:

1. The council will certify that a student's educational credentials have been checked and found meeting minimal standards—18 years of formal education, including at least four years in a bona fide medical school, but excluding hospital training.

2. The council will certify that the command of English has been tested and found adequate for assuming an internship in an American hospital.

3. The council will certify that the general knowledge of medicine, as evidenced by passing of the American Medical Qualification Examination, is adequate for assuming an internship in an American hospital.

The council also will provide hospitals, state licensing boards, and specialty boards which the foreign medical graduates designate with the results of the three-way screening. It also will accumulate and publish each year complete data regarding the numbers and placement of foreign medical graduates in this country.

Dr. Smiley emphasized that the council will not serve as a placement agency either for interns or residents; it will not attempt to evaluate the teaching program or inspect or approve any foreign medical school, and it will not act as an intercessor for foreign medical graduates having problems under discussion by state boards of medical licensure or specialty boards.

## FIRST EXAMINATION IN FEBRUARY

Dr. Smiley said that tentative plans call for the first American Medical Qualification Examination for foreign medical graduates already in this country to be held in either February or March 1958, and that the second such examination for foreign medical graduates both here and abroad will be held in either July or August.

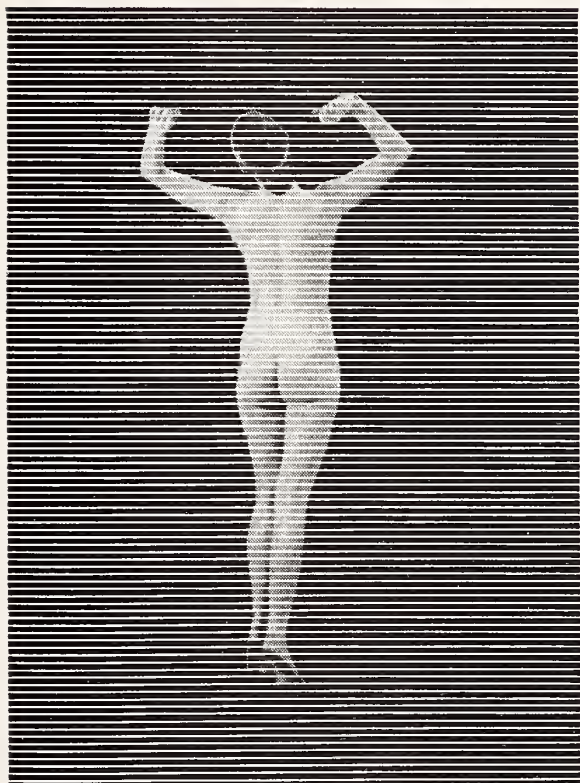
Formation of the council was first announced

*Please turn to page 1665*



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The following therapeutic procedure is suggested: One or two tablets are inserted by the patient each night and each morning; treatment is continued for four to eight weeks.

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**SEARLE**

## Fifty Years Ago . . .

As the last issue of the first year's JOURNALS went to press 50 years ago the editor looked back over the venture for which he had been responsible editorially, and financially to a great extent, and must have sighed with genuine relief. Started with less than half the capital necessary, he had been compelled to accept proffered individual financial assistance for the balance (largely his own) but in 12 months had won his battle. . . . The JOURNAL closed its first fiscal year without a deficit and "with prospects for the future which augur well for an increase in its size, an improvement in its quality and a widening of its sphere of usefulness. The JOURNAL is owned by the members of the Indiana State Medical Association and in a very large measure its success depends upon the support the members of the Association give it," he wrote in an editorial.

— 50 —

We wish you all a merry Christmas and a happy and prosperous New Year. . . . the wish was new to ISMA members 50 years ago . . . it is just as sincere although not so new today.

— 50 —

In December that first year of publication four original scientific papers were published. The first was on "First Aid to the Injured" by Dr. I. W. Short, Elkhart, who gave concise instructions for emergency treatment of fractures, burns, shock, internal and external hemorrhage and bullet wounds . . . told what a physician should carry with him, drugs, dressings and instruments which might be needed at any hour to give essential first aid. He told it all, and well, in less than three printed pages.

"Cystitis in the Female," was by Dr. Everett E. Padgett, lecturer on obstetrics at I. U. School of Medicine. In a scholarly paper he used the introductory remark that "Perhaps no other organ in the mechanism of the human body is more abused and less nursed than is the female bladder," then traced the history of the literature from Aetius (502-575 A. D.) to his time.



Dr. A. C. Kimberlin of Indianapolis wrote on "Myocardial Failure from Causes Other Than Valve Lesions," saying there were a number of other conditions causing non-valvular myocardial failures. Concluding paragraph said "A tense and strenuous business life is nothing but dissipation, and among Americans is not only directly responsible for more domestic unhappiness, but a more potent cause of myocardial failure than any other excess."

The last paper had been presented at convention that year and discussed various nervous and mental conditions. Dr. Charles F. Neu, Indianapolis, was the author. He wrote "While the principles of medicine in general are making noticeable advancement and progress, particularly in regard to the prevention of disease, and in the attempts being made to determine and devise means by which to enable Nature to combat and overcome pathological conditions, there is one branch that does not seem to be keeping pace, viz.: that part dealing with diseases of the nervous system, inclusive of the mental condition." A Bureau of Census report said there were 199,773 persons suffering from diseases of the nervous system in institutions, 17,000 mentally deficient persons also under treatment . . . all this at an annual cost of 25 million dollars . . . 50 years ago.

— 50 —

And speaking of papers . . . that 50 year old JOURNAL suggested that "if every physician

*Please turn to page 1660*



## *Fifty Year Club*

Thirty members of I.S.M.A. received Fifty Year Club certificates and pins in recognition of their long and distinguished careers in medicine in 1957. Not all were able to attend the reception in their honor in the Mural Room at the French Lick-Sheraton Hotel but several members from previous years joined them. Club members appear in top photograph and several are shown with their families in lower picture.





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tetracycline-sulfonamide-analgesic action

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CAPSULES



## Fifty Years Ago . . . (continued)

who reads a paper before a county society would make a short abstract of the paper and hand same to the county society secretary for use in making a report to The JOURNAL, our department devoted to society proceedings would be much more interesting and complete in its record of the work done by the county societies. It would also save the society secretaries much work." We'd like to reissue that same plea 50 years later.

— 50 —

The "Personal" column reported Dr. E. B. Mumford had been appointed special physician of the city board of health to supervise the inspection of contagious and infectious diseases in Indianapolis.

Today Dr. Mumford maintains offices in the Chamber of Commerce building where he is available for consultation.

— 50 —

Another "Personal" said "Dr. Charles N. Combs is taking the Pasteur treatment in Indianapolis as a result of being exposed while administering chloroform intermittently to control

convulsions of a patient suffering with hydrophobia."

— 50 —

In the 1957 issues of The JOURNAL some material from the first volume published 50 years ago has been reprinted. Much of it might have been written for this issue . . . other material is completely outdated . . . names that have made medical history in Indiana . . . names of the beloved country doctors whose fame had only geographical limitations . . . they've all paraded across this year's JOURNAL pages. We hope you've enjoyed them.

—j.s.g.

Give  
Generously  
to  
A.M.E.F.





## *Annual I.S.M.A. Banquet*

President and Mrs. Elton R. Clarke entertained at a reception for all members of Indiana State Medical Association and their guests before the annual banquet at the French Lick-Sheraton Hotel on October 9.

Dr. Clarke then presided at the dinner. He was joined at the speakers' table by officers of I.S.M.A. and official guests from the state medical associations of Illinois, Michigan, Wisconsin, Ohio and Kentucky.

Special guests representing other professional associations, the medical school and state government were seated immediately in front of the speakers' table.

Recognition by Dr. Clarke of the Fifty Year Club members brought a standing ovation. Dr. Maurice G. Murphy, Morgantown, responded for the club.

Other features of the formal program included the official presentation of the "Physician of the Year" award to Dr. Clay Ball, Muncie, who acknowledged with a brief talk; the awarding of a plaque and Past President's pin to Dr. Clarke, by his successor, Dr. M. C. Topping, to whom Dr. Clarke had previously presented the gavel.

Speaker for the evening was Dr. Russell B. Roth, Erie, Pennsylvania, who gave "An Oblique View of Medical Public Relations" which he illustrated with cartoons from national publications and papers as well as some which had been prepared especially for the speaker's presentation. Dr. Roth developed his talk from a "see yourselves as others see you" angle and also presented some clever delineations of certain types of patients. Whichever direction the humorous jibes were aimed, the physicians and their guests were thoroughly entertained.

When the lights came on at the conclusion of Dr. Roth's talk, the stage was quickly set for an old-fashioned auction with a professional Orange county auctioneer "selling" the attendance prizes to the highest bidders. The fake money was squandered by the millions.

# A Christmas Eve I Shall Never Forget

C. O. McCORMICK, M.D.

*Indianapolis*

**T**HE FOLLOWING NARRATIVE is an account of a personal experience I, as an obstetrician, had in 1936 on the eve of Christmas.

The patient, whom we will refer to as Mrs. "G," came to the office early in her third pregnancy seeking obstetrical care. She was 30 years of age and had gone through two pregnancies successfully, the last one 6 years previously.

Her past history and prenatal examination revealed her to be a woman above average health and physical build, and well fitted for the experience of childbearing. Her mental attitude was noticeably maternalistic.

Mrs. G. kept her prenatal appointments regularly and promptly, conscientiously followed instructions. Her progress continued normally in all respects until the beginning of the ninth month of her pregnancy. It was at one of these visits early in December she first reported the beginning symptoms of toxemia. At a checkup examination three days later, despite usual therapy in the meantime, there appeared two additional significant symptoms — elevated blood pressure and albumin in the urine. In order that more intensive treatment might be given, she was hospitalized immediately. Her progress was unfavorable and after four days, in consideration for her well-being and that of the unborn infant, labor was induced. She gave birth uneventfully to a living, normal seven pound male infant.

Ironically a thrombophlebitis had developed in her left lower limb at the site of a prolonged intravenous infusion. The symptoms of toxemia had disappeared, and those of the phlebitis began to subside a few days before Christmas. Almost immediately Mrs. G. began to plead that she be permitted to go home in time to spend Christmas Eve with her husband and their children. A compromise was reached: she was to remain in the hospital until the afternoon of December 24; she was to make the trip home in an ambulance;

and she was to continue bed-rest until advised otherwise.

That evening — Christmas Eve — about 9 o'clock Mr. G. phoned me, saying excitedly, "Doctor, my wife fainted while coming out of the bathroom. What shall I do?" I recommended he give her a cup of black coffee, and asked that he keep in close touch with me. Scarcely 10 minutes had elapsed when the phone rang again. This time the stark message, "My wife has stopped breathing." (How devastating an embolism can be!)

At this point in the narrative, I must comment on the bewildering role played by the weather at the time. During the previous several days, streets had been covered with ice. As fulfillment of "White Christmas" wishes, a welcome six inches of snow had fallen during the afternoon. This soon was marred by a steady, heavy rain that began early in the evening.

While car driving had been difficult, it now had become a treacherous adventure. Although the G's residence was located but five blocks from my home, the distance was bridged after a distracting 30 minutes.

Because of the spinning of the wheels and skidding on wet, icy driveway, I was unable to reach the street without getting out of the car several times to spread cinders round the wheels. Having reached the slushy street, driving became extremely trying. It was a series of spinings and skiddings—at times progressing but inches. In the middle of the second block the car skidded and came to a stop sideways against the curb. Realizing the urgent situation that lay ahead, this incident did not lessen the increasing pressure of delay.

At this moment of near frustration, a stranger drove up out of the darkness, got out of his car, and without uttering a word, stepped onto the

*Continued*



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curb and with much difficulty shoved my car free. Then, badly drenched, he entered his car and still without comment drove away. Indeed, an act of service above self.

After continued cautious driving I reached the address, indicated by a dim porchlight. I walked in slush well over my shoe tops and entered the doorway without knocking. I was greeted by a deathly silence and the sight of a beautifully decorated and lighted Christmas tree towering to the ceiling. A fleeting glance as I passed through the room showed many of the gifts that had not been placed beneath the tree strewn upon the floor, and in their midst two closely placed vacant chairs, both facing the tree.

Entering the bedroom through a partially opened door, I first noted Mr. G. seated in a corner with his head bowed and his clasped hands resting in his lap. My entrance did not disturb him. As I opened the door farther, I beheld a scene which I hope it will never be my lot to witness again. There on the floor at the foot of the bed lay the body of Mrs. G. covered with a white sheet. Near her head lay curled the family pet, a black, shaggy dog. It, too, gave no notice to my entrance. In the adjoining room lay two sleeping sons, one six years and the other eight years of age. A joyless Christmas morning awaited them.

Condoling words, though carefully chosen, seemed so empty.

As I stepped into the darkness and splashed my way back to the car, the thought flashed, "What a setting for a Charles Dickens!"

Of all the professions none is so replete with drama and tragedy as that of medicine. Particularly does this characterize that branch of the practice pertaining to the function of childbirth, commonly spoken of as obstetrics.

Every childbirth, the process whereby a human infant is extruded from the body of a maternal being, affords drama. The dramatization is heightened when the situation requires the baby be extracted from the mother's womb via an incision through the abdominal wall, the operation of cesarean section.

Tragedy plays its role when the infant's life is lost either before, during or after birth; and the plot is intensified when the mother's life is terminated as a result of the process. The catastrophe is measured not only by the price she paid for having undertaken the function for which Nature had primarily created her, but also by the number of children left unmothered.

Fortunately the former maternal risk in childbirth in this country has been phenomenally reduced. This is well shown by the following statistics. In 1931, in the United States, one mother in 140 lost her life through childbirth; in 1956, 25 years later, the ratio was one in 2,654 (estimated). The corresponding figures for Indiana were: in 1931, one death in 164 births; in 1956, one in 3,066.

Further improvement continues, and having a baby in this country today is neither a serious hazard nor an ordeal. Young women can look forward to childbirth with a minimum of apprehension.



# New Council Screening Foreign Medical School Graduates

*Continued from page 1654*

last February at the 53rd Congress on Medical Education and Licensure in Chicago. It was the medical profession's answer to the mushrooming problem posed by the thousands of foreign-trained physicians now in the U. S.

In discussing the council's work, Dr. Kinsman said that the screening process was initiated to help maintain the present high medical standards in the U. S. by making sure that foreign-trained physicians wishing to come here for hospital appointments or practice have reached a level of educational attainment comparable to that of students in approved American medical schools at the time of graduation.

"At the same time," he added, "the council hopes to encourage the well-trained foreign

physician to take advantage of the opportunities to further his education in this country."

There has been a continuing influx of foreign-trained physicians to the U. S. for a long time. At present, there are more than 6,000 such physicians in this country on temporary visas serving as interns or residents. All foreign-trained physicians here on temporary visas are supposed to return to their native countries on completion of their internship or residency training.

In addition, there is another group of approximately 1,000 foreign-trained physicians who enter each year as immigrants or as American citizens returning after completing their medical education abroad.

---

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# Deaths . . .

**Louis Martin Friedrich, M.D.**, 83, who had been a practicing physician in Hobart for 55 years, died October 10 in Porter Memorial Hospital, Valparaiso. He had been ill for one week following a stroke.

A native of Chicago, Dr. Friedrich received his medical degree from the Kentucky School of Medicine, Louisville, in 1902 and began the practice of medicine in Hobart the same year, arriving there in the caboose of a freight train from Dyer. That was the only public transportation available at the time.

His office and home were in the Friedrich Building, where through the years he treated several generations of families, served as city health commissioner, as deputy county coroner, and as the Hobart representative on the Lake County Health Board.

At the conclusion of 50 years in practice in 1952, Dr. Friedrich spoke from experience when he advised young physicians "to find a growing community and grow with it." He could look out of his office window and name almost every Hobart citizen who passed by. The population is now more than 10,000.

Dr. Friedrich was a senior member of Lake County Medical Society, the Indiana State and American Medical Associations. He was also an active member and officer for many years in his church.

---

**Frederick C. Denny, M.D.**, 71, died October 19 in King's Daughters hospital, Madison, following a long illness. He had been in restricted practice, specializing in ophthalmology and otolaryngology.

Dr. Denny was a native of Jefferson county and had spent most of his life in that area. He was graduated from Northwestern University Medical School in 1909, served his internship in Chicago, and took postgraduate work at the Manhattan Eye and Ear Hospital, New York.

After serving in World War I, Dr. Denny returned to Madison to resume his practice and became active in veterans' organization work. He was also commanding officer of a National Guard medical detachment for several years. Dr. Denny was active in civic, fraternal and lodge groups.

He was a member of Jefferson-Switzerland County Medical Society and the Indiana State Medical Association.

---

**Raymond J. Modjeski, M.D.**, 46, Hammond, died of a heart attack in his home early in the morning on October 24.

Dr. Modjeski was a native of Hammond. He received his degree in medicine from Indiana University School of Medicine in 1937. He was in the general practice of medicine. Dr. Modjeski was president of the Hammond Board of Health and was associated with the Lake County Health Department.

He was a member of the Lake County Medical Society, a member of Indiana State Medical Association and had served on state committees and as a delegate to state convention for several years. Dr. Modjeski was also a member of American Medical Association.

---

**Frank M. Gastineau, M.D.**, professor and chairman of the Department of Dermatology and Syphilology at Indiana University School of Medicine, died in his Indianapolis home November 7. Cancer was the cause of death.

Dr. Gastineau had been head of the department at I.U. since 1942 and a member of the faculty since 1922. He was an active and influential member of the teaching staff and the faculty council.

For 35 years Dr. Gastineau had been in the private practice of dermatology and syphilology in Indianapolis and was widely rec-



## Deaths (continued)

ognized as an authority in the field. He was associated with Dr. Frank Cregor for 5 years but since then had been in practice in his own offices in the Hume Mansur Building.

Dr. Gastineau was born October 29, 1894 in Indianapolis. After graduation from Shortridge High School, he attended Indiana University where he received his B.S. degree in 1916 and his M.D. degree in 1918. He then received a commission in the U.S. Naval Reserve (Medical Corps) and was assigned to duty aboard the U.S.S. Louisville. He was stationed at the Naval Hospital in New York later and after discharge from the Navy continued his postgraduate work at Bellevue Hospital, New York, and later at the New York Skin and Cancer Hospital.

Dr. Gastineau's interest and activities extended beyond his professional career. A majority of his other affiliations, however, were closely allied to the health and welfare of the citizens of his home state.

He was one of the founders of the Indiana Cancer Society and was active in the development and expansion of the organization's program. He was also a co-founder of the Indiana State Hygiene Association, was a former vice-president of the Family Welfare Association, and during the last three city administrations had been a member of the Indianapolis City Board of Health.

While a student at Indiana University he was one of the founders of the chapter of Alpha Tau Omega there. Dr. Gastineau was a member of Nu Sigma Nu medical fraternity and in 1955 received the chapter's "Distinguished Alumni" award. He was also a member of the fraternity's Alumni Advisory Committee.

Dr. Gastineau was a member of Indianapolis Medical Society, the Indiana State and American Medical Associations and had been a member of the Academy of Dermatology since its formation.

He had served on many committees of the I.S.M.A. since 1927 when he became secretary of the Section on Medicine. During the last year he served as chairman of the Committee on Venereal and Communicable Diseases and as a member of the Publicity committee. He had been a frequent contributor to The JOURNAL of I.S.M.A.

Dr. Gastineau was a member of Paul Coble Post, American Legion, the Indianapolis Athletic Club and the Naval Reserve Officers Association.

Dr. David C. Gastineau, also on the faculty of I.U. School of Medicine, is a son.

---

**John Stanley Robison, M.D., 72**, Winchester physician and surgeon, died November 7 in the Randolph County Hospital, Winchester, where he had been a patient for 10 days because of a heart condition.

Dr. Robison had been in practice in Winchester since 1913. Since 1955 he had limited his practice to urology.

Born in Salem, Dr. Robison was graduated from Indiana University School of Medicine in 1912. During World War I he served as a captain for two years with the Medical Corps overseas. Since 1940 he had been medical examiner for the selective service board.

Dr. Robison was a member and former secretary and president of Randolph County Medical Society; a member of Indiana State Medical Association and delegate to state convention for several years; a member of American Medical Association, the American College of Surgeons and of the north section, American Urological Association. He also held membership in church, lodge and veterans' organizations. He had written two scientific articles for The JOURNAL.



## KNOX PROTEIN PREVIEWS

TWO NEW  
CLINICAL  
REPORTS  
REAFFIRM  
THE  
BENEFITS OF

# GELATINE FOR



BEFORE



AFTER

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Evidence continues to accumulate verifying the effectiveness of Gelatine in the treatment of brittle fingernails. Investigators report that the nails show objective evidence of improvement.<sup>1,2,3,4</sup> Furthermore, patients often volunteer that their nails "feel stronger," "look smoother," and "I can pick up things without them hurting."<sup>1</sup> Evidently the subjective sensations associated with improvement are nearly as important to some patients as the positive physical change in the nails' appearance.

### Improvement Noted in 81% of Patients

See the chart below for a summary of the effect of Knox Gelatine in brittle fingernails as observed in all published reports. Photographic evidence of improvement, much of it in color taken before and during treatment, is available for most of the patients.<sup>1,2,3</sup> Please note, however, that where Gelatine was used in the treatment of pathological conditions associated with brittle fingernails only in psoriasis did the data show definite improvement.<sup>1,3,4</sup>

### Response to Gelatine in Brittle Fingernails

References	Dosage	Duration of treatment	No. patients w/ brittle nails	No. patients improved	No. patients w/ brittle nails and other pathology	No. patients improved
1. Rosenberg, S., Oster, K. A., Kallos, A. and Burroughs, W.: <i>A.M.A. Arch. Dermat.</i> 76:330, (September) 1957	7 Gm./day	3 months	50	43 (86%)	32 <sup>a</sup>	9
2. Schwimmer, M. and Mulinos, M.G.: <i>Antibiot. Med. &amp; Clin. Therapy</i> 4:403, (July) 1957	7.5 Gm./day	11-16 weeks	18	15 (83%)		
3. Rosenberg, S. and Oster, K. A.: <i>Conn. State Med. J</i> 19:171, (March) 1955	7 to 21 Gm./day	15 weeks	36	26 <sup>b</sup> (72%)		
4. Tyson, T. L.: <i>J. Invest. Dermat.</i> 14:323, (May) 1950	7 Gm./day	13 weeks	12	10 <sup>c</sup> (83%)		
<b>Totals</b>	<b>7-21 Gm.</b>	<b>11-16 weeks</b>	<b>116</b>	<b>94 (81%)</b>	<b>32</b>	<b>9 (28%)</b>

- a. Gelatine improved psoriatic nails in 5 out of 12 cases. In onychomycosis and other pathological conditions of the nail it was of no appreciable help.
- b. Of the failures, 2 had congenital disease of the nails, 3 were diabetics and 3 took the medication for less than one month.
- c. One patient with psoriasis and arthritis and one patient with psoriasiform nail changes showed improvement in 2 and 3 months respectively.

# BRITTLE FINGERNAILS

### Important Note

The pharmacodynamic effects of Gelatine are manifested through its high Specific Dynamic Action, and therefore, depend upon adequate and prolonged intake. All published clinical research has been conducted using 7 to 21 grams (1-3 envelopes) of Knox Gelatine per day for the three to four months that are required for complete regrowth of the nails. Smaller dosage would induce a lesser specific dynamic action and thus prove ineffectual in correcting the brittle nail defects. More detailed information on brittle fingernails and reprints of the two more recent clinical reports are available on request. Please use the attached coupon.

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Please send reprints of the following articles:

- ☐ Rosenberg, S., Oster, K. A., Kallos, A. and Burroughs, W.: *A.M.A. Arch. Dermat.* 76:330, (Sept.) 1957.
- ☐ Schwimmer, M. and Mulinos, M.G.: *Antibiot. Med. & Clin. Therapy* 4:403, (July) 1957.

YOUR NAME AND ADDRESS





Reading from left to right, Drs. K. R. Manning, A. D. Dennison, Jr., William H. Norman, and at the microphone, C. Basil Fausset, speakers at the Conference on Athletic Injuries; Dr. Earl W. Mericle, chairman of the meeting, and Dr. M. C. Topping, president of Indiana State Medical Association.

## ISMA Conference on Athletic Injuries Attracts Coaches from Entire State

*M*ORE THAN 600 high school and college coaches and physicians from throughout the state attended the October 24 Conference of Coaches and Physicians on Athletic Injuries in the Farmers' cafeteria at the Indiana State Fairgrounds. Scheduled first for another location, the meeting was moved to

accommodate the larger than anticipated registration.

Timed to coincide with the Indiana State Teachers meeting, the date made it possible for a large percent of the state's coaches to attend the meeting, which was sponsored by the Indiana State Medical Association in co-

General view of group attending afternoon session (one side of room)





operation with the Indiana High School Athletic Association, the Indiana High School Coaches Association and the Indiana College Coaches Association.

Attendance, attention and comments made on a form furnished each coach attest to the success of the program, which was the first of its kind.

Dr. Earl W. Mericle, Indianapolis, chairman of the Public Relations Committee of ISMA, acted as chairman for the meeting which convened at 2:30 p.m. He introduced Dr. M. C. Topping, Terre Haute, president of ISMA, who said, "The medical profession is gratified by the interest you have shown in this conference as evidenced by your large turnout. We hope we can be of assistance to you by providing you with some of the latest information for those in your field who deal with athletic injuries."

Four Indianapolis specialists presented 20 minute talks, dealing with the prevention and treatment of certain types of athletic injuries. Their papers will be published in an early issue of *The JOURNAL*.

Dr. William H. Norman spoke on orthopedic situations, Dr. C. Basil Fausset on neurological situations, Dr. K. R. Manning on "Utilization of Physical Measures in Treatment of Athletic Injuries" and Dr. A. D. Dennison, Jr., on cardiovascular situations.

—and the rest of the audience.



Left to right, Lou Little, New York City, speaker at the coaches banquet; Robert Brown, Indianapolis, president, and Robert Nipper, Indianapolis, secretary, Indiana Coaches Association.

A 30 minute question and answer period followed with Dr. Topping presiding.

The Annual Coaches Banquet at 6 o'clock was served cafeteria style. All coaches registered for the afternoon conference were guests of the Indiana State Medical Association.

Highlight of the evening was the talk by Lou Little, former coach and athletic director at Columbia University. Speaking from his vast store of experience and knowledge, Little was both entertaining and instructive.

*Continued on page 1759*



# NEWS NOTES—from State and Nation

## Adams County Society Honors Two Physicians of Area

Dr. C. P. Hinchman of Geneva and Dr. G. J. Kohne of Decatur were honored at a dinner given by the Adams County Medical Society October 8 in the Fairway restaurant, Decatur.

Plaques were presented to each honor guest in recognition of their years of service to the community.

Dr. John C. Carroll, Decatur, made the presentation to Dr. Hinchman, who has been in active practice for 40 years in the county, and Dr. Kohne received his 25 year plaque from Dr. James M. Burk, Decatur.

Dr. Arthur H. Girod, president of the county society, presided and conducted a short business meeting.


Brief acceptance speeches were made by Dr. Hinchman and Dr. Kohne.

Dr. A. M. Hudson, Connersville, escaped unhurt after making a forced landing in his plane


near Milan on October 9. He was returning to Connersville from French Lick where he had attended the annual convention of Indiana State Medical Association. There were no passengers in the plane.

Dr. Powell L. Perkins, who with his family established residence in Kokomo in October, has opened an office for the private practice of general surgery in the newly completed medical-dental center at 2108 West Sycamore street in Kokomo.


Dr. Perkins is a native of West Virginia, was graduated in 1948 from the University of Virginia Department of Medicine, and then served his internship at the University of Iowa Hospitals before spending two years with the U. S. Marines in Korea. On his return he entered a five year residency in surgery at City Receiving Hospital and Dearborn Veterans Hospital in Detroit. He was also instructor in surgery at Wayne University College of Medicine. Dr.



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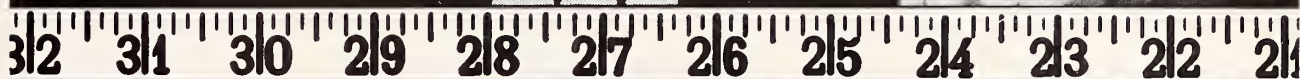


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"...in clinical use the side-effects of nervousness, hyperexcitability, euphoria, and insomnia are much less than with the amphetamine compounds and rarely cause difficulty."<sup>4</sup>

References: (1) Gelvin, E. P.; McGovack, T. H., and Kenigsberg, S.: *Am. J. Digest. Dis.* 1:155, 1956. (2) Holt, J. O., Jr.: *Dallas M. J.* 42:497, 1956. (3) Notenshon, A. L.: *Am. Pract. & Digest Treat.* 7:1456, 1956. (4) Council on Pharmacy and Chemistry, *New and Nonofficial Remedies: J.A.M.A.* 163:356 (Feb. 2) 1957.

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and Mrs. Perkins and their two daughters are living at 2425 South Washington Street, Kokomo.

The Part I examinations of the **American Board of Obstetrics and Gynecology** are to be held in various parts of the United States and Canada on January 2 at 2 p.m.

Candidates who have received notification of eligibility to participate were to submit case abstracts within 30 days after receiving their notification.

### Indiana Brace Shop

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Requirements for eligibility to take the examination may be obtained from the Office of the Secretary, American Board of Obstetrics and Gynecology, 2105 Adelbert Road, Cleveland 6, Ohio.

Annual clinical conference of the **Chicago Ophthalmological Society** will be held February 21 and 22 at the Drake Hotel in Chicago.

Out-of-state speakers include Drs. Wendell L. Hughes, Hempstead, New York; P. Robb McDonald, Philadelphia; Phillips Thygeson, San Jose, California; and Lorenz E. Zimmerman, Washington, D.C. Seven Chicago ophthalmologists will also appear on the program.

Registration fee for the entire course including luncheons and buffet supper is \$45, payable to the Registrar, Mrs. Edward J. Ryan, 1150 North Lorel Avenue, Chicago 51, Illinois.

**Dr. Samuel J. Brady** was recently appointed health commissioner of the city of Gary. Dr. Brady was graduated from Washington Univer-

*Continued*

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Write for Latest Technical Bulletins.

\*REFERENCE: J.A.M.A. 163: 359, 1957 (February 2)

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## INDICATIONS:

- Rheumatoid arthritis, acute or chronic—with or without adjunctive therapy.
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## HOW SUPPLIED:

**Aralen phosphate:** 250 mg. tablets in bottles of 100 and 1000.  
125 mg. tablets in bottles of 100.

## Tolerance:

Aralen is usually well tolerated. Toxic effects are usually mild and to date have been transitory in nature, disappearing completely either on continuance or cessation of therapy or on reduction in dosage.

Gastrointestinal disturbances (e.g. nausea, rarely vomiting, diarrhea, abdominal cramps, anorexia) are frequent manifestations of intolerance. Temporary blurring of vision (due to interference with accommodation) is also relatively frequent.

Pleomorphic skin eruptions (e.g. lichenoid, maculopapular, purpuric), although generally mild, may preclude the use of an optimum dosage schedule. If a skin reaction persists on a reduced dosage schedule, or recurs after reinstitution of treatment with gradually increasing doses, discontinue Aralen till the lesion again disappears and consider resuming treatment with Plaquenil® (brand of hydroxychloroquine).

Less frequently transitory vertigo, headache, lassitude, or neurological disturbances, such as nervousness, irritability, emotional change, and nightmares have been reported. Instances of unexplained slight gradual weight loss as the patient's general health and arthritic condition improved have been mentioned. Occasional instances of bleaching (depigmentation) of the hair have been described.

Although an occasional instance of leukopenia, with normal differential count, has been reported (WBC about 3000), it has not proved troublesome because it has always been reversible on discontinuance, or diminution of the dose. Even spontaneous reversal may occur while full dosage is maintained.

## THEORY OF ACTION:

Aralen appears to suppress or induce remission of rheumatoid inflammatory processes by inhibiting adenosinetriphosphatase.

## Caution:

Aralen is known to concentrate in the liver and, although hepatic damage has never been reported, the drug should be used with caution in the presence of liver disease. In the presence of severe gastrointestinal, neurological, or blood disorders, the drug should be used with caution or not at all. If such disorders occur during the course of therapy, the drug should be discontinued. Concomitant use of gold or phenylbutazone with Aralen should be avoided because of the tendency of these agents to produce drug dermatitis.

## Clinical Comments:

Of fifty patients receiving Aralen therapy, "43 have become really well; that is, they have no stiffness, and any pain that occurs can reasonably be attributed to use of joints affected by secondary degenerative changes. They have no evidence of joint inflammation, but may have a raised erythrocyte sedimentation rate. They have little or no need for analgesics."

*Freedman<sup>3</sup>*

"One hundred and twenty-five private patients have been carefully followed clinically and haematologically while receiving well over 200 patient-years of chloroquine [Aralen] therapy. The results are considered good in 70%, one-half of these cases being in remission. Improved work performance, sedimentation rate, and hemoglobin levels paralleled the major objective gain in this 70%. 90% of them remained on chloroquine [Aralen] therapy, half for more than two years. Classical peripheral rheumatoid arthritis, spondylitis, arthritis of juvenile onset, and rheumatoid disease with psoriasis, all appeared to respond about equally well.

"It is suggested that chloroquine comes closer to the ideal for long-term, safe, control of rheumatoid disease than any other agent now available."

*Bagnall<sup>4</sup>*

"Out of the 36 rheumatoid arthritis cases we treated . . . favorable results were obtained in 32 cases."

*Bruckner et al.<sup>5</sup>*

## References

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Winthrop

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sity Medical School in St. Louis in 1937, interned at St. Louis City Hospital, and was formerly house surgeon at the Wabash Railroad Employees Hospital at Peru.

**Pfizer Laboratories** have published an illustrated catalogue of medical teaching motion pictures. Copies are available from Pfizer professional service representatives, or may be obtained by addressing the Pfizer Medical Film Department, 630 Flushing Avenue, Brooklyn 6, New York. The films listed are available for showing without charge.

**Dr. E. A. Porter**, Westport, has been appointed health officer for Decatur county. He succeeded Dr. W. R. Shaffer, Greensburg, on

November 1. Dr. Shaffer resigned recently. Dr. Porter, the dean of Decatur county physicians, formerly held the health officer post and also served as county coroner.

### **Twelve Indiana Surgeons Inducted Into A. C. S.**

One of the highlights of the October meeting of the American College of Surgeons at Atlantic City was the induction of 1,100 fellows into the College.

Indiana surgeons listed are Drs. Frank C. Donaldson, Anderson; S. Bruce Kephart and Pierre C. Talbert, Bluffton; George E. Oldag, Elwood; Albin A. Jahns, Gary; Nicholas Egnatz and George C. Rasch, Hammond; Edward J. Berman, Joseph C. Finneran and Donald M. Schlegel, Indianapolis; Martin E. Feferman and Merle C. Sharp, South Bend.

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**Dr. William H. Garner**, New Albany surgeon, was to be honored November 23 by Manzanita Tribe of Red Men as Floyd county's outstanding citizen of 1957. Several hundred members were planning to attend the dinner when the presentation was made. Dr. Garner, a graduate of the University of Louisville School of Medicine, has been a practicing surgeon in New Albany since 1924. He is a former president of Floyd County Medical Society. He was chief surgeon at Fort Campbell, Kentucky, during World War II and retired with the rank of lieutenant-colonel.

**Dr. Robert F. Cavitt**, who has been in practice in Connersville, recently moved office and residence to Anderson. His office is located at 1424 East 8th Street and his residence address is 901 Chestnut Street, Anderson.

Dr. Cavitt is a 1949 graduate of the University of Kansas School of Medicine and served

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his internship at Indiana University Medical Center. Dr. Cavitt served in the Air Corps from 1942 to 1946 and has been in the Medical Corps since completing his internship.

**Dr. Theodore R. Crawford**, Kokomo general practitioner for the last seven years, has moved his office from 416 West Sycamore Street to the new medical-dental center building at 2108 West Sycamore in Kokomo.

#### **DePauw University to Have New Physician**

Effective December 1, DePauw University, Greencastle, was to have a new university physician and health director. Dr. A. Wilson Smith, Chicago, was slated to succeed Dr. E. F. McNichols who had asked to be relieved of his duties when a replacement was available.

Dr. Smith is a graduate of University of Chicago and Rush Medical School and has practiced internal medicine in Chicago since 1923. He has been a member of the staff of St. Luke's Hospital since 1932 and has served on the Northwestern University Medical School faculty.

#### **Hammond Medical Team On Australian Programs**

Dr. Hugh A. Kuhn and Dr. Hedwig S. Kuhn of Hammond left late in October for Australia where, as invited guests of the Australian Medical Association, they were to appear on programs of two medical specialty groups.

Dr. Hedwig Kuhn was to speak on "Industrial Eye Problems" before a meeting of the Australian Ophthalmologic Society. Dr. Hugh Kuhn was scheduled to address the Australian Otolaryngologic Society on "Industrial Noise Problems."

The Indiana couple planned to tour Australia and New Zealand and stop at the Fiji Islands and Hawaii on the way back to the United States.

**Dr. David B. Haggard** opened an office at 119 South Carr Road in Plainfield on November 1 for the general practice of medicine. For the last six months he had been associated with Dr. Kermit Q. Hibner at Danville. He made the move because he felt Plainfield needed the serv-

when anxiety and tension "erupts" in the G. I. tract...

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ices of another fulltime physician and because that community is closer to his home in the Lake Forest addition north of Plainfield. Dr. Haggard is a native of Indianapolis, a 1953 graduate of I. U. School of Medicine in 1953. He served his internship at Springfield (Ohio) City Hospital. He has served two years with the Air Force. Dr. and Mrs. Haggard have three children.

**Dr. Richard S. Griffith**, who has been in the clinical research department of Eli Lilly and Company for the last 11 years, has been advanced to senior physician by the firm. He has been in research of infectious diseases at the Lilly Clinic, Indianapolis General Hospital, since 1953. Before that he did cardiovascular research. Dr. Griffith is also assistant professor of medicine at Indiana University School of Medicine.

**Indiana Physician Heads  
Medical Clinics Association**

Dr. George B. Plain, South Bend, surgeon and member of South Bend Clinic staff, assumed the presidency of the American Association of Medical Clinics at the meeting of that association held in Muehlbach Hotel, Kansas City, October 24-26.

Dr. Harold D. Caylor of Caylor-Nickel Clinic, Bluffton, was elected to the board of trustees.

Other Indiana physicians attending the national meeting were Drs. Richard Davis and V. Logan Love of Davis Clinic, Marion.

**Dr. Marvin H. Sandorf**, 1102 Prospect street, Indianapolis, has been named a member of the Police and Fire Departments Merit Commission, filling a vacancy created by the death of Dr. J. William Wright. The commission is a 5-man board which sets up standards for recruits for police and fire departments and interviews applicants for those departments.

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# Society Reports

## INDIANA STATE MEDICAL ASSOCIATION

### THE COUNCIL

(French Lick Session, 1957)

The Council convened at 3:00 p.m., Sunday, October 6, 1957, in the Roost Room, French Lick-Sheraton Hotel, French Lick, Indiana, with Dr. Guy A. Owsley, the chairman, presiding. Roll call showed the following present:

#### Councilors:

First District—William B. Challman, Mount Vernon  
Second District—J. H. Crowder, Sullivan  
Third District—Keith Hammond, Paoli; John M. Paris, New Albany, alternate councilor, and alternate delegate to AMA  
Fourth District—J. E. Dudding, Hope; George S. Row, Osgood, alternate  
Fifth District—M. C. Topping, Terre Haute; V. Earle Wiseman, Greencastle, alternate; Robert K. Webster, Brazil, councilor-elect  
Sixth District—Harry P. Ross, Richmond; W. R. Tindall, Shelbyville, alternate  
Seventh District—Ralph V. Everly, Indianapolis  
Eighth District—Guy A. Owsley, Hartford City; Gordon B. Wilder, Anderson, alternate councilor, and delegate to AMA  
Ninth District—Kenneth O. Neumann, Lafayette  
Tenth District—James P. Vye, Gary; Ralph C. Eades, Valparaiso  
Eleventh District—Not represented  
Twelfth District—Maurice E. Glock, Fort Wayne  
Thirteenth District—G. O. Larson, LaPorte

#### Officers:

Elton R. Clarke, Kokomo, president  
M. C. Topping, Terre Haute, president-elect  
O. W. Sicks, Indianapolis, treasurer

#### Journal:

Frank B. Ramsey, Indianapolis, editor

#### Delegates and Alternates to AMA:

Wendell C. Stover, Boonville, delegate  
E. S. Jones, Hammond, delegate  
Walter L. Portteus, Franklin, alternate

#### Guests:

J. William Wright, Indianapolis, and Don E. Wood, Indianapolis, co-chairmen, Legislative Committee  
Ray H. Burnikel, Evansville, chairman, Convention Arrangements  
A. W. Ratcliffe, Evansville, chairman, Scientific Exhibits  
Harry E. Klepinger, Lafayette, chairman, Committee on Medical Education and Licensure  
Minor Miller, Evansville, chairman, Committee on Polio

#### Executive Committee:

James W. Denny, Indianapolis, chairman  
E. H. Clauser, Muncie  
Albert Stump, attorney  
J. A. Waggener, executive secretary

Minutes of the July 14, 1957, meeting of the Council, printed in the September, 1957, JOURNAL, were approved by consent.

DR. TOPPING, president-elect, announced his resignation from the Council and introduced Dr. Robert K. Webster, newly elected councilor from the Fifth Councilor District.

DR. SICKS, treasurer, reported on the financial condition of the Association. (Full report printed in September JOURNAL and House of Delegates Handbook.)

### District Meetings

The councilors reported district meetings scheduled as follows for 1958:

First District .....  
Second District .....  
Third District ..... New Albany, May 14, 1958  
Fourth District ..... North Vernon, May 7, 1958  
Fifth District ..... Brazil, ———, 1958  
Sixth District ..... Greenfield, May 8, 1958  
Seventh District .....  
Eighth District .....  
Ninth District ..... Tipton, ———, 1958  
Tenth District .....  
Eleventh District .....  
Twelfth District .... Fort Wayne, ———, 1958  
Thirteenth District..

### Unfinished Business

1. *Convention Arrangements.* Dr. Burnikel, chairman, outlined the convention entertainment program that his committee had scheduled, stating the cost of each event.

2. *Scientific Exhibits.* Dr. Ratcliffe, chairman, reported that fourteen scientific exhibits had been scheduled for presentation during the convention.

3. *Medical Education Foundation Fund.* Dr. Klepinger, chairman, Committee on Medical Education and Licensure, presented a group of nine posters, prepared to sell A. M. E. F. to the physicians of Indiana. These were to be posted in a prominent place during the convention.

Dr. Klepinger reported receipts of \$13,984.04 for A. M. E. F. during 1957, which is under the total for 1956. He spoke of the resolution calling for an increase of \$10.00 in state dues, this sum to be turned over to A. M. E. F., which his committee had incorporated in its annual report to the House of Delegates.

Dr. Klepinger discussed resolution No. 14, proposed by his committee, to provide a means to give the State Medical Board prior claim on all funds paid into the Board, for exclusive use of the Board for the purposes for which such fees have been levied. He called attention to the fact that over \$105,000.00, received by the Board from the \$5.00 annual registration fee paid by each licensed physician in the state, has reverted to the General

Fund of the State of Indiana during the last ten years.

Dr. Klepinger also discussed (1) resolution No. 13, introduced by his committee, concerning the establishment of a rehabilitation program; (2) the report of the Subcommittee on Preceptorships containing recommendations regarding preceptorships and externships; and (3) problems pertaining to financing of nursing education.

At this point Drs. Glock and Denny discussed matters pertaining to the State Board of Medical Registration and Examination.

4. *Student Loan Fund.* Dr. Ross, chairman, reported that four new applications for loans had been received and are being processed at the present time, and one student has applied for a second loan of \$500.00.

5. *Medicare.* Mr. Waggener reported that since taking over the entire operation of Medicare on July 1, claims totaling over \$131,000.00 had been processed, and up to this time checks for more than \$50,000.00 have been sent to physicians.

6. *Report of Special Council Committee to Study Discontinuance of Medical Defense Fund and Substitute Therefor a Medical Relief Fund.* Dr. Everly, chairman, presented the following report:

Subject: *Medical Defense Fund versus Medical Relief Fund.*

This committee was appointed May 21, 1957, by Dr. Guy Owsley to study the feasibility of creating a Medical Relief Fund in lieu of our present Medical Defense Fund.

The information considered in studying this assignment was obtained by two separate surveys. In the Indiana survey a form was mailed to each component county society secretary requesting information of financial hardship or indigent circumstances that might plague any doctor or his family. It was suggested that the local welfare offices be contacted as a source of information. Thirty-three forms were returned out of some 80 that were mailed. The result—one instance only of a member of our profession was on relief in Indiana.

The second survey was conducted on a nationwide scale by means of submitting a form to the secretaries of the forty-eight (48) State Medical Associations in the United States. The results of this survey taken from the 42 returns were as follows:

#### Malpractice Policy

Does your State Association have such a plan? Yes, 9; no, 33. Have you ever had such a plan? Yes, 13; no, 19. Some states had dropped the malpractice policy for the following reasons: (1) an apparent duplication in payment by insurance carrier and the medical defense plan of the State Association; (2) alleged to be engaged in the "corporate" practice of law; (3) an apparent effect on

their non-profit tax status under section 106 H. S. of the Internal Revenue Code.

#### Medical Relief Policy

Does your Association have such a fund? Yes, 14; no, 27. Have you ever had such a fund? Yes, 5; no, 25. If you have such a fund how is it maintained? Dues 8, Voluntary Gifts 7, Assessments 0, Estate Gifts 2, Other 1.

The committee extends its most sincere thanks to Mr. Waggener and his office personnel for their all-out support during this study.

GORDON WILDER, M.D.

HARRY ROSS, M.D.

RALPH EVERLY, M.D.

Dr. Wilder said that the committee had discussed these matters with a number of persons, including many physicians, and these facts were brought out: (1) there is a scarcity of attorneys who are familiar with medico-legal jurisprudence; (2) there is an increasing need for malpractice protection, in view of the number of suits filed each year, and (3) there seems to be a decreasing need from the economic standpoint for a relief fund. "I think it is the personal feeling of the committee members that it would be unwise to drop the medical jurisprudence and substitute therefor a medical relief fund."

Dr. Ross concurred in the remarks of Drs. Everly and Wilder. By consent the Council accepted the report status quo.

7. *Report of Building Committee.* Dr. Sicks, chairman, reported that his committee, consisting of Drs. A. C. Badders, Hugh A. Kuhn, John M. Paris, Russell J. Spivey, and M. C. Topping, had studied thoroughly the matter of new headquarters office facilities and as a result had formulated a resolution for presentation to the House of Delegates, which he read. The resolution, containing several amendments suggested by members of the Council, and approved on motion of Drs. Topping, Everly and Vye for presentation to House of Delegates, follows:

WHEREAS, the rapid growth of the activities of our Association during the past few years has created a critical housing problem, and

WHEREAS, the increasing growth in membership has also caused an increase in membership services, and the sum total of all these increases has brought about increase in personnel, and

WHEREAS, our Association is continually growing and expanding, yet it is so located as to not be easily accessible to the members, and

WHEREAS, our limited quarters make it impossible to hold our committee activities in our own quarters where records and information needed many times is readily available, and

WHEREAS, it is quite evident that in future years our Association will continue to expand in membership and activities.

NOW THEREFORE BE IT RESOLVED, that the Council could recommend that the House of Dele-

*Continued*



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# Council Minutes (continued)

## New Business

gates approve the construction of a building to house the Indiana State Medical Association and

BE IT FURTHER RESOLVED, that the appointment of a committee by the Council be authorized by the House of Delegates to select a site and develop plans looking toward the construction of a suitable building with the approval of the Council, and that the Council initiate studies for the financing of this project, and

BE IT FURTHER RESOLVED, that such a building should be in keeping with the prestige of the profession, it shall be functional, accessible by car to all members, have ample parking space, have meeting space for the committees and Council of the Association, and contain additional space which might be leased to suitable allied professional groups to help defray the maintenance and original costs.

8. *Report of Committee on Investment of Surplus Funds.* Dr. Denny, chairman, reported that his committee, consisting of Drs. Sicks, F. B. Mountain, Walter J. Aagesen, and M. C. Topping, ex officio, had met and discussed this matter and had concluded "that the Bylaws of the Association should be amended to enlarge the authorized scope for such investments and that a committee should be created having the special responsibility of handling the investment of the surplus funds of the Association, with authority to employ, at their discretion, such services from banking institutions, or other financial counselors, as they deem appropriate." (Here Dr. Denny read a resolution, proposed by his committee, containing the necessary changes in the Bylaws to permit of investment of funds in other than government bonds.)

Following discussion by Drs. Sicks, Glock, Clarke, Challman, Crowder and Paris, the Council took no action on this matter.

9. *Report of Committee on Polio.* On recommendation of Dr. Minor Miller, chairman of the Committee on Polio, by consent the Council approved the Polio Patient Survey of the National Foundation for Infantile Paralysis.

10. *Report of Special Council Committee to Investigate Relations Between the Medical Profession and Blue Shield.* Dr. Larson, chairman, reported that in order to obtain information on the attitude of the medical profession toward Blue Shield, his committee had sent a questionnaire to each member of the Association. He summarized the answers given on the 800 questionnaires that had been returned to date. Inasmuch as the return was incomplete and time did not permit of adequate study of the questionnaires received, Dr. Larson recommended that his committee be continued and that a complete report be made at a later date to the Council. He further recommended that the information obtained be made available to the officers and directors of Blue Shield. These recommendations were approved by consent.

1. *Better Business Bureau Membership for 1958.* On motion of Drs. Dudding and Glock, the Council authorized the payment of \$150.00 membership fee in the Better Business Bureau for 1958.

2. *Duplicate charter.* On motion of Drs. Larson and Everly the Council authorized the issuance of a duplicate charter to the Madison County Medical Society.

3. *Election of members to Trust Committee of Indiana Medical Education Foundation to fill terms expiring October 31, 1957.* On motion of Drs. Glock and Everly, Dr. Don E. Wood, Indianapolis, and Dr. Roy Geider, Indianapolis, were re-elected for a three-year term ending October 31, 1960. Membership of this committee is as follows:

### Term expires

James W. Denny, Indianapolis	October 31, 1958
Roy V. Myers, Indianapolis	October 31, 1958
Don E. Wood, Indianapolis	October 31, 1960
Roy Geider, Indianapolis	October 31, 1960

4. *Election of JOURNAL Editors.* On motion of Drs. Topping and Challman, the present editor of The JOURNAL and four associate editors were re-elected for 1958, as follows:

### Editor—

Frank B. Ramsey, Indianapolis

### Associate Editors—

A. W. Cavins, Terre Haute  
Stephen L. Johnson, Evansville  
Lall G. Montgomery, Muncie  
David A. Bickel, South Bend

### Date for Midwinter Council Meeting

By consent, Sunday, January 19, 1958, was set for the midwinter meeting of the Council.

There being no further business, the Council adjourned to meet again on Wednesday, October 9, 1957, immediately following the adjournment of the House of Delegates.

## THE COUNCIL

(French Lick Session, 1957)

### Second Meeting

The Council met for its second meeting immediately following adjournment of the House of Delegates, Wednesday afternoon, October 9, 1957, in the West Dining Room, French Lick-Sheraton Hotel, French Lick, Indiana, with Dr. Guy A. Owsley, chairman, presiding.

Eleven councilors, one alternate councilor, the president, the president-elect, the editor of The



JOURNAL, and the executive secretary were present.

#### Elections for 1957-58

1. *Executive Committee members.* On motion of Drs. Larson and Ross, Dr. E. H. Clauser, Muncie, was re-elected a member of the Executive Committee for the ensuing year.

On ballot vote, Dr. Don E. Wood, Indianapolis, was elected a member of the Executive Committee for the year 1957-58.

2. *Chairman of the Council.* On ballot vote, Dr. Guy A. Owsley, Hartford City, was re-elected chairman of the Council for 1957-58.

3. *Necrologist.* At the suggestion of Dr. Frank B. Ramsey, editor of The JOURNAL, by consent Dr. James B. Maple, of Sullivan, was elected necrologist of the Indiana State Medical Association. In this capacity Dr. Maple will be a member of The JOURNAL staff. This action was taken in view of the fact that in the reorganization of Association committees, the Necrology Committee was abolished and the duties of that committee were assigned to the Editorial Board.

#### United Mine Workers

For the information of the Council, the chairman announced that after October 15 the United Mine Workers will send a letter to all physicians stating that they will not pay any physician except of their own choosing.

There being no further business, the meeting was adjourned.



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# Proceedings of the House of Delegates

## FRENCH LICK SESSION

October 6, 7, 8, 9, 1957

The House of Delegates of the 108th annual session convened at 6:30 p.m., Sunday, October 6, 1957, and again at 12:30 p.m., Wednesday, October 9, 1957, in the west dining room, French Lick-Sheraton Hotel, French Lick, Indiana, with the president, Dr. Elton R. Clarke, Kokomo, presiding.

Dr. O. T. Scamahorn, of Pittsboro, gave the invocation at the opening of the first meeting.

### REPORT OF REFERENCE COMMITTEE ON CREDENTIALS

On motion of Dr. Kirtley, duly seconded, attendance slips signed by the delegates were accepted in lieu of a roll call at the first meeting. Dr. William E. Amy, chairman of the Reference Committee on Credentials, reported 107 delegates, 6 past presidents, 9 councilors, the president-elect, the treasurer, the four delegates to the AMA, and the editor of *The JOURNAL*, present.

On motion of Drs. Paris and Owsley, attendance slips showing 106 delegates, 8 past presidents, 11 councilors, the president-elect, the treasurer, 3 AMA delegates, and the editor of *The JOURNAL*, present at the second meeting, were accepted as constituting the roll call.

According to Chapter IV, Section 3, of the Bylaws, 50 delegates constitute a quorum; the president therefore declared the House open and ready for the transaction of business.

The president read Chapter XVI, Section 1, of the Bylaws, and Article XIV of the Constitution regarding amendments to the Bylaws and the Constitution.

### IN MEMORIAM

The House stood in tribute to the following physicians who were members of the House of Delegates or who had served the Association in an official capacity, and who had died since the 1956 annual convention:

THOMAS Z. BALL, Crawfordsville. Delegate from Montgomery County, 1934 to 1944 inclusive.

EDWARD A. BROWN, Indianapolis. Vice-chairman, Surgical Section, 1925.

CHARLES H. DeWITT, Valparaiso. Secretary, Porter County Medical Society, 1922-1928; delegate from Porter County, 1934 and 1937.

GEORGE R. DOUGLAS, Valparaiso. Secretary, Porter County Medical Society, 1909-1910, 1930-1932; member, Committee on Rural Medical Care, 1945-1946.

CHARLES E. GILLESPIE, Seymour. Member of the Council, 1924-1927; president-elect, 1928; president, 1929; member of Executive Committee, 1928 and 1929; member of Budget Committee 1928,

1929 and 1930; member of Committee to Study Health Insurance, 1937 and 1938; member of Committee on Grievance, 1956 and 1957.

SILVA I. GREEN, St. Bernice. Delegate from Vermillion County, 1943.

WILLIAM O. HILDEBRAND, Topeka. Secretary of LaGrange County Medical Society, 1931 through 1940; delegate from LaGrange County, 1935, 1936, 1937, 1939 and 1944.

GUSTAVUS B. JACKSON, Santa Monica, California; formerly Indianapolis. Member of Committee on Pathology, 1912 and 1913; member of Committee on Administration, 1918; Vice-chairman, Surgical Section, 1923.

WILLIAM W. JONES, Frankfort. Delegate from Clinton County, 1946.

DEWITT W. LOOMIS, Boonville. Secretary of Warrick County Medical Society, 1944 and 1945.

KEITH T. MEYER, Evansville. Secretary of Vanderburgh County Medical Society, 1927 through 1934; member, Committee on Graduate Education, 1934 and 1935; member, Committee on Public Policy and Legislation, 1937 and 1938; member, Committee on Rehabilitation Services, 1945, 1946, 1947; member, Medical Advisory Committee for Vocational Rehabilitation, 1946; member, Committee on Cancer, 1955.

ELMER W. NAHRWOLD, Fort Wayne. Member, Committee on Cancer, 1954.

EARL B. RINKER, Indianapolis. Member, Auditing Committee, 1937 through 1940.

JOHN T. SAMPLES, Boonville. Secretary, Warrick County Medical Society, 1920 and 1943.

HERBERT M. SENSENY, Fort Wayne. Member, Committee on Study of Health Insurance, 1937.

WILLIAM H. STEMM, North Vernon. Member of the Council, 1905 through 1918; first vice-president, 1907, 1908; member, Committee on Public Policy and Legislation, 1908 and 1909; secretary, Jennings County Medical Society, 1908 to 1910; member, Committee on Credentials, 1910 and 1911; alternate to American Medical Association, 1916 and 1917; president, 1919; member, Committee on Administration and Medical Defense, 1919; member, Committee on Hospital Standardization, 1920 through 1926; chairman, Committee on Hospital Standardization, 1922; member, Diphtheria Committee, 1927 through 1929; delegate from Jennings County, 1943; president, Jennings County Medical Society, 1954 and 1955.

ARTHUR E. STINSON, Rochester. Secretary, Fulton County Medical Society, 1917 through 1929, 1937 through 1946; delegate from Fulton County, 1936, 1938 through 1946, 1951, 1952, and 1953; member, Committee on Study of Health Insurance, 1934 through 1936; member, Medical Relief Committee, 1940 through 1943; member, Committee on Credentials, 1944; member, Committee for the

*Continued*



Study of Lay Activity in Medical Practice, 1945 and 1946.

JULIUS R. TRACY, Anderson. Delegate from Madison County, 1935.

GEORGE H. WARNE, Tipton. Secretary, Tipton County Medical Society, 1919, 1920, 1925 and 1937; delegate from Tipton County, 1934.

CHARLES W. YARRINGTON, Gary. Member, Committee on Industrial Health, 1945.

## MINUTES OF THE MEETINGS

held at Indianapolis, October 15 and 18, 1956, were approved as published in the December, 1956, JOURNAL, on motion duly made and seconded.

## INTRODUCTION OF GUESTS

CHARLES E. PITZELE, Hammond. Oliver Perry High School Science Fair winner;

RONALD LEE McCOSKEY, Terre Haute. Wiley High School Science Fair Winner;

GEORGE WOODHOUSE, M.D., Pleasant Hill, Ohio, president-elect of the Ohio State Medical Association;

GEORGE W. SLAGLE, M.D., Battle Creek, president of the Michigan State Medical Society;

L. FERNALD FOSTER, M.D., Detroit, secretary of the Michigan State Medical Society;

WILLIAM J. BURNS, Lansing, executive director and administrator of the Michigan State Medical Society;

R. C. OLDFIELD, M.D., Oak Park, president-elect of the Illinois State Medical Society;

H. E. KASTEN, M.D., Beloit, president of the Medical Society of the State of Wisconsin;

MR. JOSEPH P. SANFORD, Louisville, executive secretary of the Kentucky State Medical Association;

MR. HARRY A. LEHMAN, Louisville, executive secretary of the Jefferson County Medical Society of Kentucky;

MR. PETER E. GUTIERREZ, Indianapolis, secretary-treasurer, Indiana Student AMA.

HARLAN ENGLISH, M.D., Danville, Illinois, regional chairman, AMA Committee on Legislation.

## PRESENTATION OF CERTIFICATES OF APPRECIATION TO RADIO STATIONS

Certificates from the American Medical Association, reading as follows, were presented to J. M. Higgins, general manager, Station WTHI, Terre Haute; Don Martin, manager, Station WSLM, Salem; Robert Lunsford and Richard Woody, Station WORX, Madison, Indiana:

"To All Who May Read This Certificate, Greetings: It is hereby certified that Station \_\_\_\_\_, \_\_\_\_\_, Indiana, has participated in the Health Education Program of the American Medical Association through Broadcasting Electrical Transcriptions. This Certificate is issued

in grateful appreciation for constructive and friendly cooperation.

GEORGE F. LULL, M.D., General Manager  
W. W. BAUER, M.D., Director of Health Education."

## ELECTION OF PHYSICIAN OF THE YEAR

Dr. Clay A. Ball, Muncie, was elected "Physician of the Year" for 1957.

## AMENDMENTS TO CONSTITUTION

(1) The amendment providing that eligibility for senior membership shall begin the year after the member reaches the age of 70, instead of 75, was passed by consent. Article IV, Section 4, of the Constitution, in the amended form, therefore reads as follows:

"Sec. 4.—Senior Members. Senior members shall be physicians of the State of Indiana who have attained the age of seventy years and have held membership in the Indiana State Medical Association for twenty years or more, and who, upon their application, have been certified to the executive secretary as eligible for such membership by the county societies of which they are members. Eligibility to senior status shall begin the year after the member reaches the age of seventy."

(2) The amendment to Section 2, of Article IV, of the Constitution, concerning "limited active members" was referred to the Reference Committee on Amendments to the Constitution and Bylaws for further study, on motion of Drs. J. P. Vye and Hubert T. Goodman.

## APPOINTMENT OF 1957 REFERENCE COMMITTEES

The chairman announced the appointment of reference committees for the 1957 session as follows:

### Sections and Section Work

Earl W. Mericle, Indianapolis (Marion), Chairman  
Francis L. Land, Fort Wayne (Allen)  
Lowell J. Hillis, Logansport (Cass)  
J. C. Richter, LaPorte (LaPorte)  
Milton H. Omstead, Petersburg (Pike)

### Rules and Order of Business

O. T. Scamahorn, Pittsboro (Hendricks), Chairman  
C. D. Holmes, Frankfort (Clinton)  
William A. Karsell, Bloomington (Owen-Monroe)  
Donald G. Mason, Angola (Steuben)  
A. E. Stouder, Kempton (Tipton)

### Medical Education and Hospitals

Walter L. Portteus, Franklin (Johnson), Chairman  
Dennis S. Megenhardt, Indianapolis (Marion)  
G. O. Larson, LaPorte (LaPorte)  
Verne L. Turley, Fowler, (Benton)  
D. D. Gill, Greenfield (Hancock)

### Legislation

Gordon B. Wilder, Anderson (Madison), Chairman  
F. R. N. Carter, South Bend (St. Joseph)  
Keith Hammond, Paoli (Orange)  
Russell J. Spivey, Indianapolis (Marion)  
P. J. Rosenbloom, Gary (Lake)

#### Public Relations

Harry E. Murphy, Franklin (Johnson), Chairman  
James W. Denny, Indianapolis (Marion)  
Wendell C. Stover, Boonville (Warrick)  
Michael Shellhouse, Gary (Lake)  
Harold C. Ochsner, Indianapolis (Marion)

#### Hygiene and Public Health

James M. Kirtley, Crawfordsville (Montgomery)  
Paul R. Tindall, Shelbyville (Shelby), Chairman  
Harry Pandolfo, Indianapolis (Marion)  
Carl J. Elward, Wabash (Wabash)  
S. T. Miller, Elkhart (Elkhart)

#### Amendments to Constitution and By-Laws

Richard P. Good, Kokomo (Howard), Chairman  
Glen Ward Lee, Richmond (Wayne-Union)  
William B. Challman, Mount Vernon (Posey)  
Ralph V. Everly, Indianapolis (Marion)  
I. E. Huckleberry, Salem (Washington)

#### Reports of Officers

James M. Leffel, Indianapolis (Marion), Chairman  
James W. Crain, Williamsport (Fountain-Warren)  
Raymond E. Nelson, South Bend (St. Joseph)  
Ramon B. DuBois, Lafayette (Tippecanoe)  
Charles P. Schneider, Evansville (Vanderburgh)

#### Credentials

William E. Amy, Corydon (Harrison-Crawford),  
Chairman  
C. G. Kern, Lebanon (Boone)  
Robert M. Seese, Delphi (Carroll)

#### Insurance

Hubert T. Goodman, Terre Haute (Vigo), Chair-  
man  
V. Earle Wiseman, Greencastle (Putnam)  
James F. Lewis, Liberty (Wayne-Union)  
Maurice E. Glock, Fort Wayne (Allen)  
Eli Goodman, Charlestown (Clark)

#### Miscellaneous Business

Walter U. Kennedy, New Castle (Henry), Chair-  
man  
Robert H. Rang, Washington (Daviess-Martin)  
John M. Paris, New Albany (Floyd)  
Sam Rotman, Jasonville (Greene)  
William B. Lybrook, Indianapolis (Marion)

#### MATTERS REFERRED TO THE REFERENCE COMMITTEE ON REPORTS OF OFFICERS

The following matters were referred to the Reference Committee on Reports of Officers. All reports will be found on the pages indicated in the September, 1957, Vol. 50, No. 9, JOURNAL of the Indiana State Medical Association.

President's address

President-elect's address

Address of President of Woman's Auxiliary

Executive Secretary (pages 1148-1154)

Treasurer (pages 1156-1159)

Chairman of Council (pages 1159-1163), except  
paragraph on Americal Medical Education  
Foundation, which was referred to Refer-  
ence Committee on Medical Education and  
Hospitals

Councilors' reports (pages 1163-1165)

Executive Committee (pages 1166-1170)

Auditing Committee (page 1188)

JOURNAL Editor (pages 1225-1226)

Delegates to AMA (pages 852-856, 912-916 July,  
1957, JOURNAL)

#### ADDRESS OF THE PRESIDENT

The address of the president, Dr. Elton R. Clarke, is printed on pages 1524-1527 of the November, 1957, JOURNAL of the Indiana State Medical Association. This address was referred to the Reference Committee on Reports of Officers.

#### REFERENCE COMMITTEE ACTION

DR. JAMES M. LEFFEL, chairman, presented the following report, which was adopted:

We wish to compliment the President, Dr. Elton R. Clarke, for his fine message to the convention, which so ably summarized an eventful and most successful year.

#### ADDRESS OF THE PRESIDENT-ELECT

DR. M. C. TOPPING, president-elect, presented the following address, which was referred to the Reference Committee on Reports of Officers:

Dr. Clarke, honored guests, members of the House of Delegates, ladies and gentlemen:

There has never been a time in which more responsibility for the betterment of medical care has been delegated to organized medicine than the present.

The services offered by the State Association have grown apace. Demands placed upon the Association have increased to the point where more is expected of it through the outmoded channels of our present organization and facilities than can be supplied. Despite the employment of additional help in the state office; many hours of overtime labor in that office; the particularly dedicated efforts of Jim Waggener; and the heroic job done by our committees, both of the council and the house, much remains to be done.

No small part of the work accomplished last year was planning for reorganization within the society for a more streamlined and efficient committee structure. I commend to your intimate study the report of the Committee for Reorganization of Committees, and the comprehensive report of the Committee on Constitution and By-Laws.

My appointments to committees for the coming year have been made on the basis of this revised committee structure in anticipation of your favorable consideration of this most necessary change.

I appeal to your sense of duty to medicine and your loyalty to our organization to work faithfully within the new commissions to bring strength to the State Association and further the accomplishment of its aims. It is not within the province of the president to be able to make all of these appointments without aid. Much study and many hours have been spent in making them—all with

*Continued*



If  
Monilial  
overgrowth  
is a factor

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ACHROMYCIN† Tetracycline... noted for its  
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ACHROSTATIN V CAPSULES  
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Basic oral dosage (6-7 mg.  
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in the average adult is  
4 capsules of ACHROSTATIN V  
per day, equivalent to  
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the advice and assistance, not only of the executive committee, but also after correspondence with each of the county society officers. Despite this canvass, I am sure that many men with ideas and workable "know-how" have been overlooked. I wish at this time to extend a blanket invitation to each and every member of the State Association to attend the meeting of our new commissions for the purpose of organizing their committees, and the assignment of work to be held within the next 60 days.

If every member of the State Association would assume an active part in its workings, what a potential for service there would be!

Our physical plant is also long overdue for expansion. The headquarters office is today inadequate to carry on the necessary business of the Association. The JOURNAL offices are not more than adequate to publish a single sheet instead of the finest and largest of any of the State Journals. The present quarters are already so crowded with personnel that there is no space for conference even if the location were more accessible to visiting doctors than it is. The employment of additional needed personnel would make the situation impossible.

A committee appointed to make recommendations for acquiring additional office space has recommended the construction of a new state office building—the new facilities to be so located as to permit ample parking space for visitors and physicians, to be located if possible at a place that would encourage visiting by and help to the medical students, large enough to house all present and future operations of our Association, and designed in keeping with the prestige of the medical profession so as to be an inviting headquarters for our growing membership.

I commend this most necessary move to your consideration and urge its most immediate implementation.

"The need for better understanding of the professional problems of doctors of medicine and attorneys at law, dependent each upon the other in many aspects of medico-legal proceedings, has long been apparent to both professions . . . each profession is obligated by its common calling of service to the public, to cooperate with the other in the furtherance of the truth as applied to the case at issue. In the pursuit of this goal each should respect the honor and the dignity of the other. The appearance of incompetence, immorality, or other unethical conduct upon the part of either individual cannot be tolerated by either profession.

"It therefore becomes the duty of each profession to support within its own ranks as well as in the ranks of the other, those principles of ethical conduct as applied to medico-legal matters, which both have found necessary in the public good. It is held apparent that adoption of these prin-

ciples will serve us as a guide to the attainment of the best in interprofessional conduct and practices."

I have quoted from the preamble to an interprofessional code of the Indiana State Medical Association and the Indiana State Bar Association. The code was written to be used as a guide by members of both societies in the conduct of interprofessional relations, by your committee on a code of medico-legal matters. It follows in part and incorporates many principles heretofore written in the Codes of the Wisconsin State Medical Association and the Minnesota State Medical Association. It was not written by the Bar Association for the purpose of controlling medical testimony as reported in one of our daily newspapers. It was adopted by the Bar Association with but one dissenting vote at its annual meeting here last month. I commend it to your study and urge its adoption by our society to fill a long felt need.

You will be asked to consider many resolutions. Those having to do with organizational and policy matters I know will be easy of study and disposition. Those having to do with the baser, perhaps the more elemental aspects of medical practice will be the subject of much controversy. In consideration of the latter let us keep always in mind that our first responsibility is to the public whose care is our most sacred trust.

In the adolescence of our science, little was expected of it except in the individual care of patients. Doctors fulfilled that obligation in a full measure of care, love, and attention to those families who entrusted their health to the physician. As knowledge of disease and the science of treatment accumulated—as the numbers of patients grew—as more and more was expected by the people from medicine—as the clouds of ignorance, superstition, and stupidity were swept away by the efforts of medical science itself—then more and more training, teaching, and tenure became necessary for the practice of medicine to keep up with its science. It became impossible for the mind of any man to catalogue and store all of the learning available about every aspect of medicine. So came about the specialties.

Following the pursuit of specialized practice by larger and larger numbers of students and practitioners, and by them the abandonment of the family type of practice, the socio-economic aspects of medicine began to undergo drastic change. There was a great cry from the people—a nostalgic lament for a return to the bygone days of "old doc," but mind you, with maintenance of all of the advantages found in the modern trappings of medicine.

Government mistook this utterance of the people as a demand for a more paternalistic system of medicine, and proposed to socialize medical practice in this country.

The scheme for transferral of the control of medical practice from the doctors to the government was only partly abandoned after it became



apparent that the people placed more confidence in the private practice of medicine than in government medicine, bolstered by the prodigious educational efforts of the A.M.A., and perhaps more practically, by the establishment by the medical profession of prepaid medical care insurance.

As a result there has been a great resurgence of the general practitioner and he is again held in the highest esteem by the public. He must need to rely more and more, however, upon the special knowledge of the so-called specialist in treating those of his cases which fall in certain fields of practice. If he does not, he is not serving his patient to the fullest extent of available resources—if he does, he is surrendering a part of his position of ultimate authority and a part of his financial reward.

The seeds of conflict between these groups are thereby sown and the dangers of schism within our society become apparent. Thinking is distorted by consideration of the aims and purposes of factions, rather than the good of the whole. Decisions of policy are affected by political consideration rather than by ideals. Personalities and privilege become paramount and right and wrong relegated to a position of redundancy. The very structure of this society, instead of being welded together in all of its parts into a single edifice of magnificent purpose and enduring strength, may be divided in two by the finely-tipped cutting torch of a narrow cabal.

It is this divisive malignancy that I propose to you as a project for combined medical and surgical treatment during the coming year. If its progress is not halted, it will metastasize into the very marrow of our existence as an effective body.

Let no one among us delude himself with the idea that organized medicine is invulnerable. There is every reason to believe that there are immensely strong outside forces at work this very day to accomplish its destruction. Let us not aid or give comfort to these meddlers in medicine by division within our own ranks.

It is my hope that during the coming year we will continue a policy of good, effective and consistent public relations and education. I hope that through our own efforts we will render more service to more people, willingly, without reservation and with an equitable distribution of the rewards for this service within the limits of sound underwriting experience and inflationary pressures. I hope that we will be able to strengthen our organization by the elimination of all division from within, by the promotion of policies designed for the betterment of the public weal, and by consideration within the Indiana State Medical Association of business of the society on the basis of its effect upon the common good of all of the doctors, without regard for personal ambitions, factional loyalty, or sectional privilege.

Gentlemen, I sincerely believe that the hope for a continuation of the free practice of medicine in these troubled political and economically revolu-

tionary times rests solely in the strength and unity of this organization as a component of the American Medical Association. The strength of this Association likewise depends upon the efforts of its every member.

With each of us in our County Societies, and in the State Association, rests the honor and the integrity of our profession. In all of our deliberations today, tomorrow, and during the coming year, may we in unity accomplish our common purpose: to promote the science and art of free medicine to the betterment of the public health.

#### REFERENCE COMMITTEE ACTION

DR. JAMES M. LEFFEL, chairman, presented the following report which was adopted:

We commend Dr. M. C. Topping for his scholarly address to the assembled delegates and honor his request to delete all but the first eleven (11) words of the first paragraph on page nine (9) of his typed speech.

#### ADDRESS OF PRESIDENT OF WOMAN'S AUXILIARY

MRS. WENDELL C. STOVER, Boonville, president of the Woman's Auxiliary to the Indiana State Medical Association, addressed the House as follows, her report being referred to the Reference Committee on Reports of Officers:

President Clarke, Distinguished Guests and Members of the House of Delegates:

Upon receiving notice this summer that I was to assume the duties of President of The Woman's Auxiliary to the Indiana State Medical Association, I had very much the reaction of Ogden Nash in his new book entitled "You Can't Get There From Here"—but after many conversations and letters from your wonderful wives who are members of the Auxiliary, I realized that we will get there from here. We are striving to do what we can and do it well.

Of course, our chief aim is assisting you as doctors to promote medical education to the public and further good public relations.

Every committee is important in its own right—some have national priority while others are conjured up to meet the state and local needs.

The American Medical Education Foundation was established in 1951 by the American Medical Association and is dedicated to the private support of medical education in this country. The Auxiliary's first contribution to the National Fund was made in 1953. Our goal at that time was \$5.00 per capita. During this 5-year period the Indiana Auxiliary has contributed approximately \$32,000. Last year we contributed a total of \$9,415.54 and were third ranking at the National Convention with \$3.66 per capita.

Again, Mrs. A. D. Schaaf has set \$5.00 per capita as our goal for this year.

"Today's Health" is the first project on which the American Medical Association has asked our assistance. Our main endeavor this year will emphasize the responsibility of each Auxiliary member for seeing that "Today's Health" is in her husband's reception room. Statistically, Indiana has been on top in subscriptions, increasing our record of 62 per cent in 1952-53 to 199 per cent last year. It is possible to further increase this to over 200 per cent during the year of 1957-58.

Mrs. Otis Bowen and her Legislative Committee will keep the County Auxiliaries informed as to

their studies of legislation and will alert each county to wire their Senator or Congressman about vital subjects when the Indiana State Medical Association asks.

This year you have given us permission to place "Safety" on our list of standing committees. Mrs. Robert Acher has been working most effectively as its Chairman and after visiting the Safety booth in the lobby I imagine that you will drive home more carefully. She and her Committee are advocating the need of driver's training courses in every high school in the state, to shop for safety when buying a car and work for legislation to keep the drinking driver and speedster off the highways.

Medical care insurance is again being stressed and we have accepted the invitation of the Indiana State Medical Association and Blue Shield to cooperate with county medical societies in their meetings on "Medical Economics" which are being held throughout the state during the year.

Again we are stressing all fields of recruitment and placing import on the field of science through our schools and are encouraging students to enter and actively participate in science fairs.

We have, indeed, not forgotten the need of education in "Civil Defense." Rural Health Days are again being planned, Public Forums are being held in many communities furthering education in this field. "Mental Health" also comes in for its share in our program. We all realize that this has been one of the largest problems in the field of medicine and the Auxiliary is pleased to be of assistance here.

We are always proud of our own editorial committee and publication, "The Hoosier Doctor's Wife." This year Mrs. Green is decreasing its size but printing more issues so that the news will be more recent, which is the ambition of every editor of any publication.

As the representative of the Medical Auxiliary I would like to tell you again that its purpose is to assist you in your program for the advancement of medicine and public health.

The Auxiliary promotes an interest in health education, community health, and has outlined a program in Civil Defense, promotes the circulation of "Today's Health" and encourages the support of the American Medical Education Foundation.

May I say in closing that your County and State Auxiliaries are only as alert and as enthusiastic as their parent organization wishes them to be. We depend entirely upon your leadership and direction. Your Auxiliary does not want to be "Out in Front" but rather we are content to be your most ardent followers. I can assure you, without any reservations, that you will have the unified support of your Auxiliary in any project or program which you undertake.

They talk about a woman's sphere

As though it had a limit.

There's not a place in Earth or Heaven,

There's not a task to mankind known,

There's not a blessing or a woe,

There's not a whisper, yes or no,

There's not a life, a death or burden,

That has a feather's weight of worth

Without a woman in it.

## REFERENCE COMMITTEE ACTION

DR. JAMES M. LEFFEL, chairman, presented the following report which was adopted:

We commend the Auxiliary for their wonderful contribution. The cohesiveness of their fine organization is exemplified by the effectiveness of their program in spite of a midyear change in officers. We wish further to note their superlative con-

tribution to the Medical Education Foundation, whereby they ranked third at the national level, and their national leadership in promotion of Today's Health Magazine.

DR. JAMES M. LEFFEL, chairman, presented the remainder of the report of the Reference Committee on Reports of Officers, as follows, which on motion of Drs. Leffel and Charles P. Schneider, was adopted as a whole:

*Report of Executive Secretary.* We want to compliment and praise our secretary and his office staff for the excellent work they have done the past year. We also commend the executive secretary for the good work he has done in Washington and for his efficient handling of the Medicare Program.

*Treasurer's and Auditing Committee Report.* This is a very informative report. We wish to compliment the treasurer and we are gratified to learn of the strong financial position of the Association.

*Chairman of the Council.* We would like to compliment the chairman of the council for a job well done. We further recommend that each member of the association give particular attention to the Malpractice Insurance section of the Chairman's report.

*Reports of the Councilors.* We are pleased to note the increased activity on the district level and compliment the councilors for their good work.

*Report of the Executive Committee.* We wish to compliment the chairman and members of the Executive Committee for their conscientious and able service.

*Editor of the JOURNAL and the Editorial Board.* We wish to extend our best wishes and congratulations to the Editor and his staff on their 50th year of publication.

We believe "The JOURNAL," judged one of the best in the nation, is the source of pride to all members of the Association.

*Delegates to A.M.A.* The report of the delegates to the A.M.A. is approved and we wish to emphasize our compliments to our delegates for securing a Trusteeship for Indiana.

## MATTERS REFERRED TO REFERENCE COMMITTEE ON SECTIONS AND SECTION WORK

The following reports of standing and special committees were referred to the Reference Committee on Sections and Section Work. All reports will be found on the pages indicated in the September, 1957, Vol. 50, No. 9, JOURNAL of the Indiana State Medical Association.

Committee on Scientific Exhibits

Committee on Scientific Work

Committee on Instructional Courses (page 1207)

## REFERENCE COMMITTEE ACTION

DR. EARL W. MERICLE, chairman, presented the following report, which was adopted on mo-



tion made by Dr. Mericle and seconded by Drs. J. M. Kirtley and George Daniels:

*Scientific Exhibits.* The Committee commends the exhibitors and hopes the effort will be continued on a larger scale.

*Scientific Work.* The Committee commends the Program Committee for the excellent program and says "Thank you" to the many busy people who have come so far to be with us.

*Instructional Courses.* We commend the 30 doctors presenting the Instructional Courses. We find the Instructional Courses up to their usual high level and wish to do everything possible to continue this good work.

MATTERS REFERRED TO REFERENCE COMMITTEE ON MEDICAL EDUCATION AND HOSPITALS

The following matters were referred to the Reference Committee on Medical Education and Hospitals. All reports will be found on the pages indicated in the September, 1957, Vol. 50, No. 9, JOURNAL of the Indiana State Medical Association. Resolutions introduced before the House and referred to this committee are printed herewith.

Report of Committee on Medical Education and Licensure, except the section on "Licensure" which is referred to the Reference Committee on Legislation (pages 1178-1182)

Report of Subcommittee on Preceptorships (pages 1187-1188)

Report of Committee on Student Loan Fund (page 1219)

Paragraph in report of Chairman of the Council concerning American Medical Education Foundation (pages 1159-1163)

Report of Committee on Improved Patient Care (pages 1206-1207)

Resolution No. 11. ACCREDITATION PROGRAM FOR SCHOOLS OF NURSING

Resolution No. 14. OPERATING FUNDS OF INDIANA STATE BOARD OF MEDICAL REGISTRATION AND EXAMINATION

REFERENCE COMMITTEE ACTION


RESOLUTION NO. 11  
Introduced by: VANDERBURGH COUNTY MEDICAL SOCIETY  
Subject: ACCREDITATION PROGRAM FOR SCHOOLS OF NURSING

WHEREAS, the members of the Indiana State Medical Association recognize legal and moral obligations to their patients for medical care given under their direction by the nursing profession and


WHEREAS, it is the considered opinion of the members of the Indiana State Medical Association that the proper education of future nurses is of utmost concern to them and

WHEREAS, the American Medical Association has only taken representation in the accreditation program for schools of nursing

THEREFORE BE IT RESOLVED, that the Indiana State Medical Association urge the American



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Medical Association to attempt to obtain more adequate representation in the accreditation program for schools of nursing.

DR. W. L. PORTTEUS, chairman, presented the following report, which was adopted on motion made by Dr. Portteus, seconded by Dr. Henry Rusche:

The Committee strongly recommends the acceptance of this resolution with the last paragraph changed to read as follows: "THEREFORE BE IT RESOLVED, That the Indiana State Medical Association urge the American Medical Association to attempt to obtain more adequate representation of the practicing physician category in the national accreditation program for schools of nursing."

#### RESOLUTION NO. 14

**Subject:** OPERATING FUNDS OF INDIANA STATE BOARD OF MEDICAL REGISTRATION AND EXAMINATION  
**Submitted by:** COMMITTEE ON MEDICAL EDUCATION AND LICENSURE

WHEREAS, it has been called to the attention of the Committee on Medical Education and Licensure, which acts in the capacity of liaison with the Indiana State Board of Medical Registration and Examination, that the State of Indiana, through its budget committee, has reduced the amount of operating funds of the Medical Board, and

WHEREAS, the physicians of Indiana, voluntarily in 1947, increased their annual registration fee in order to wholly support the financial requirements of this State agency, without the necessity of the taxpayers of Indiana assuming this cost, and

WHEREAS, it has apparently become the policy of the State of Indiana and its budget committee to use the funds of this Board to supplement the general fund of the State of Indiana, which makes this special class taxation, and

WHEREAS, over the past few years additional responsibilities have been assigned to this Board without providing sufficient income from these other responsibilities to finance the cost of carrying on the additional work required, and

WHEREAS, the Board is faced now with being unable to carry on the necessary work required of this office, and

WHEREAS, over the last ten years the State of Indiana has taken \$105,000.00 of the monies paid in to operate this Board for use in the general fund of the State of Indiana,

NOW THEREFORE BE IT RESOLVED, that the President of this Association be empowered to appoint a special committee to contact the Governor of the State of Indiana and his budget committee to request restoration to the Board of the necessary operating funds to meet the needs of the Medical Board, and

BE IT FURTHER RESOLVED, that immediate steps be taken by this Association, through its appropriate committee, to call in representatives of other associations whose members are required to be licensed by a State Board, and who we are informed are having the same experience of their funds being siphoned off for other uses, to discuss this matter and to begin work immediately on a legislative program for the 1959 session which will

provide a means for all such boards to have prior claim on all funds paid in to such Boards for licenses, certificates, permits and renewals, and that such funds shall remain in separate accounts for the exclusive use of said Boards, for the purposes for which such fees have been levied or charged, and

BE IT FURTHER RESOLVED, that all physicians be requested to contact their State representatives and senators, and candidates for these offices, to discuss this subject and to elicit their support.

DR. W. L. PORTTEUS, chairman, presented the following report and moved its adoption. Motion seconded by Dr. Paul R. Tindall, and carried.

In the second paragraph the Committee strikes out the words "voluntarily in 1947, increased their annual registration fee" and substitutes the words "sponsored legislation to establish a registration fee. . . ."

In the first "Be it further resolved" paragraph, the words "siphoned off" be deleted and the word "appropriated" be substituted.

The last "Be it further resolved" paragraph be changed to read "*that all county medical societies form a committee and all physicians be requested to contact their state representatives and senators, and candidates for these offices, to discuss this subject and to elicit their support.*"

The Committee also felt that all similar professional boards should unite in this effort.

The increasing work placed upon the State Board of Medical Registration and Examination, with a decreasing budget, clearly demonstrates the need of legislation to wholly support the budget.

#### *Report of Committee on Student Loan Fund*

On motion of Drs. W. L. PORTTEUS, chairman, and Dr. J. E. Dudding, the following report, presented by Dr. Portteus, was adopted:

The Reference Committee commends the Committee on their work and suggests that some type of discount procedure might be of value in loans made to students who return to Indiana for their internships or their practice of medicine.

#### *Report of Committee on Improved Patient Care*

On motion of DR. W. L. PORTTEUS, chairman, duly seconded by several delegates, the following report, presented by Dr. Portteus, was adopted:

Your Reference Committee wishes to compliment the Committee on their work and to advise continual participation in this field with as much physician participation and leadership as possible.

#### *Report of Subcommittee on Preceptorships*

On motion of Dr. W. L. PORTTEUS, chairman, seconded by Dr. George Daniels, the following report, submitted by Dr. Portteus, was adopted:

The Reference Committee commends the Committee on their labors. We accept the recommendations of the Committee that it be abolished and that the functions of the Committee be handled by a section of the Medical Education and Licen-



sure Committee devoted to the undergraduate Medical Education.

We bring to the attention of the delegates and deplore the untoward practice being proposed by some hospital groups in the field of extern training. This referring to the practice of hospitals employing externs and permitting them to practice medicine without a license, while, on the other hand, denying physicians a similar right. We believe the same regulations should apply to externs whether employed by physicians or hospitals.

*Report of Committee on Medical Education and Licensure*, with the exception of the section on "Licensure" which was referred to the Reference Committee on Legislation.

DR. W. L. PORTEUS, chairman, submitted the following report:

(1) **Section on resolution on dues increase for A.M.E.F.** The Committee, after considerable testimony, felt the final judgment on the question of increase in dues to be applied to A.M.E.F. should be decided by direct vote by the House of Delegates. It was brought out in Committee hearing that the following states, with the amounts so designated, are now operating under the compulsory plan: Illinois, \$20; Arizona, \$10; Utah, \$20; Idaho, \$10; Nevada, \$20; California, \$10; and New Jersey, \$5. It was also brought out in the hearings that the voluntary contributions in these aforementioned states had increased. (Since the meeting of the Reference Committee, I understand that the California figure is higher than \$10.)

The Committee felt that because of the divergence of opinion, as evidenced by the hearings, that we should merely present the facts that were presented to us and permit the House to decide.

Since the inception of this plan, it has been noted that Indiana University Medical School has received more than has been contributed by the physicians in Indiana.

Attention is also called to the fact that the Council has recommended the acceptance of this type of promotion for A.M.E.F.

Mr. President, the Committee recommends that this question be put to the House of Delegates at this time. In other words, a "Yea" vote signifies acceptance of an increase in dues, to be allotted to A.M.E.F., and a "No" vote signifies rejection of the entire idea.

I might add that Mr. John Hedbach, secretary of the A.M.E.F. of the American Medical Association, is in the crowd somewhere to answer any questions that might arise concerning this particular issue.

Mr. Hedbach and Dr. R. C. Oldfield, president-elect of the Illinois State Medical Society, addressed the House, calling attention to the following salient points:

(1) Illinois adopted the compulsory plan (20.00 per member) in 1952. Utah followed with \$20.00 dues increase in 1953, effective in 1954. California,

Idaho, Nevada, Arizona, all have adopted this program of compulsory payment, and it is being considered by other states.

(2) The compulsory program has had no appreciable effect upon the generosity of those who are giving to the Foundation in a voluntary way.

(3) There is no indication that membership has decreased in any of the states operating under the compulsory plan.

(4) Dr. Oldfield said: "I think one of the greatest, one of the long-range aims, you might say, of this project is this: If every society in all the states of the United States would do something similar to this, we can support medical education in the United States and therefore would not fall prey to the need for federal funds for medical education, and, finally, federal control of medical education. I have nothing except good to say for this program from Illinois."

Dr. Henry Rusche voiced the opposition of the Vanderburgh County Medical Society to the compulsory plan.

Discussed also by Drs. George S. Row, J. M. Kirtley, Hubert T. Goodman, and Dr. Lowell I. Thomas.

Dr. Thomas stated: "We are dealing with a situation here where dues are proposed to be increased. There are some county societies that have their own problems of building and things of that kind where they are already considering increasing their dues. It seems to me that we should not bring about at this level an increase of these dues. I think it should remain on the voluntary basis with the individual and not force this increase on the society of the whole state."

The motion of Dr. Rusche, duly seconded, to table that portion of the Reference Committee report dealing with the resolution proposed by the Committee on Medical Education and Licensure, which would increase the state dues \$10.00, the money so collected to be contributed to the American Medical Education Foundation Fund, was lost on a standing vote.

Dr. John Frank offered an amendment to the resolution "that, upon recommendation of the county medical society, any member of the State Association shall be exempted from paying this \$10.00 dues." Dr. Robert H. Rang called attention to the fact that the Bylaws already provide for exemption from payment of full dues of members who are ill, retired, or unable to pay because of financial hardship.

Discussed further by Drs. William B. Challman, Glen Ward Lee, Frank, Rang, and Cleon A. Nafe.

Dr. Paul R. Tindall made the motion, seconded by Dr. Vye, "that we now vote on whether or not, by 'yes' or 'no' vote, we will increase the dues in any amount to support the American Medical Education Foundation."

On voting by hand, Dr. Tindall's motion to raise the dues was adopted, 48 to 42.

Dr. Richard P. Good's motion "that the report before us be amended to read that the dues shall

*Continued*

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Lewis, H. H.; Frumess, G. M., and Henschel, E. J.: *Rocky Mountain M. J.* 54:806 (Aug.) 1957.

"Results of treatment with oleandomycin-tetracycline of 50 infections [mostly respiratory] due to resistant organisms and 40 infections [respiratory, skin, urinary infections] due to sensitive organisms are very encouraging. In some of these patients, [Signemycin] was lifesaving, and in others surgery was made unnecessary. This confirms other reports."

Shubin, H.: *Antibiotic Med. & Clin. Therapy* 4:174 (March) 1957.

Based on case reports documented by independent investigators in 26 countries abroad, the clinical response obtained with Signemycin in 1404 patients with a wide variety of infections was successful in 1329 patients; in 13 cases only was it necessary to discontinue therapy because of side effects.

Report on 1404 Cases Treated with Signemycin: Medical Department,

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In 50 nonselected patients, Signemycin "...appears to be effective in the treatment of most general surgical infections, including virulent staphylococcus aureus infections. In some cases these infections had been clinically resistant to other antibiotics. The drug is apparently well tolerated."

Levi, W. M., and Kredel, F. E.: *J. South Carolina M. A.* 53:178 (May) 1957.

Of 50 patients with various infectious processes, 26 had not responded to previous antibiotic therapy. With Signemycin "Ninety-six per cent of the mixed infections were clinically controlled. . . . and in none of the cases was there any reason to discontinue the drug."

Winton, S. S., and Chesrow, E.: *Antibiotics Annual 1956-1957*, New York, Medical Encyclopedia, Inc., 1957, p. 55.

Signemycin in 79 patients with severe soft tissue infections: "The average response of these cases was excellent and inflammatory symptoms subsided with almost uniform rapidity.... The magnitude and incidence of surgical intervention was reduced.... Side reactions were minimal. . . ."

LaCaille, R. A., and Prigot, A.: *Antibiotics Annual 1956-1957*, New York, Medical Encyclopedia, Inc., 1957, p. 67.

Five groups of patients (total 211) with acne were treated with one of five antibiotic agents, including Signemycin (55 cases). "The results were evaluated taking into consideration the usual response to such conservative conventional therapy and the rapidity of response." In 8 weeks, Signemycin rapidly attained and maintained the highest percentage of efficacy of antibiotic agents tried.

Frank, L., and Stritzler, C.: *Antibiotic Med. & Clin. Therapy* 4:419 (July) 1957.

In the treatment of 78 patients with tropical infections, some complicated by multiple bacterial contamination or present for years, Signemycin was found to be "...an exceptionally effective agent," requiring smaller doses and less extended periods of therapy than with the tetracyclines alone, and "caused no notable toxic reactions."

Loughlin, E. H., and Mullin, W. G.: *Antibiotics Annual 1956-1957*, New York, Medical Encyclopedia, Inc., 1957, p. 63.

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be increased \$10.00 a year for the A.M.E.F." was seconded by Dr. Guy A. Owsley.

Dr. Frank's motion to amend Dr. Good's motion "that any county may recommend to the State Association that a member may be exempt from payment of these dues of \$10.00, any county can exempt a member from payment of dues," was lost for want of a second.

It was pointed out again that the Bylaws provide for exemption from payment of regular dues by senior members and those members who are ill, retired, or financially unable to pay.

On standing vote, Dr. Good's motion that state dues be increased \$10.00 for the A.M.E.F. was passed.

#### (2) Section on Postgraduate Education. Rehabilitation.

DR. W. L. PORTTEUS, chairman, presented the following report, which was adopted on motion made by Dr. Portteus, and seconded by Dr. William B. Challman:

The first portion of this section was not considered because it was considered under Resolution No. 13, which was referred to the Reference Committee on Constitution and Bylaws.

The latter half of the rehabilitation section, on page 145 of the Handbook, starting with the sentence, "For setting up these meetings," the Committee wishes to recommend the continuance of postgraduate education and to concur in their wishes for the establishment of a full-time department of postgraduate education in the University School of Medicine.

#### (3) Section on Undergraduate Education.

On motion of DR. W. L. PORTTEUS, chairman, seconded by several, the following report, presented by Dr. Portteus, was adopted:

The Committee accepts this portion of the report.

#### (4) Liaison Section.

DR. W. L. PORTTEUS, chairman, presented the following report, which was adopted on motion made by Dr. Portteus, and seconded by Dr. A. E. Stouder:

Realizing the broad scope of this Committee's function, we agreed with the Committee that the I.S.M.A. might be better served if the Committee would be enlarged and subdivided as has been indicated. We further recommend the addition of another subcommittee to act as a liaison between the Indiana State Medical Association and University School of Medicine. This Committee to establish a policy concerning the relationships between full-time professors of the Medical School and private practitioners.

#### MATTERS REFERRED TO REFERENCE COMMITTEE ON LEGISLATION

The following matters were referred to the Reference Committee on Legislation. All reports will be found on the pages indicated in the September, 1957, Vol. 50, No. 9, JOURNAL of the Indiana

State Medical Association. The resolution introduced before the House and referred to this committee is printed herewith.

Committee on Public Policy and Legislation (pages 1182-1183)

Section of report of Committee on Medical Education and Licensure entitled "Licensure" (page 1179)

Resolution No. 7. USE OF "DOCTOR" TITLE

#### REFERENCE COMMITTEE ACTION

DR. GORDON B. WILDER, chairman, presented the following report, which, on motion of Dr. Wilder, seconded by Drs. P. T. Lamey, Richard Good, Paul R. Tindall, John M. Paris, and P. J. Rosenbloom, was adopted section by section and as a whole:

Items referred to our committee are:

(1) Report of the Committee on Public Policy and Legislation, of which Dr. J. William Wright and Dr. Don E. Wood were co-chairmen. Your reference committee wishes to commend Dr. Wright and Dr. Wood and their committee for the fine work which they did during the last session of the Legislature. The committee tried a new method of informing the officers of the State Medical Association and each component county medical society of the events taking place in the state legislature. This was done by purchasing copies of the Daily Calendar of the State Legislature and sending these bulletins to the officers and county societies, as mentioned above. The committee felt this was a very worthwhile service and recommends that it be repeated in the future. Our Reference Committee concurs in this opinion, and so recommends.

(2) Also presented to our committee was the consideration of Senate Bill No. 403. This bill was publicized by the press as the doctors' "right-to-work bill" and provided that anyone holding a license to practice medicine and surgery in Indiana would automatically receive certain privileges in all hospitals in Indiana. This bill was strenuously opposed by the hospitals and hospital trustees groups. The Committee on Public Policy and Legislation did not take a definite stand on this bill because (a) the policy of the State Association regarding such a measure has never been established and the committee felt they had no power to establish policy, and (b) the bill was primarily aimed at some of the private hospitals. Private hospitals in Indiana are organized under charter granted by the State, and the Legislature has no power to alter the terms of these charters. Therefore the passage of this bill would have had no effect on private hospitals.

The committee feels that in the future the personnel of the Legislative Committee should be chosen with the idea of closer liaison among the other allied groups such as the Board of Medical Registration and Examination, the Medical School, etc., so as to learn more about their problems, and



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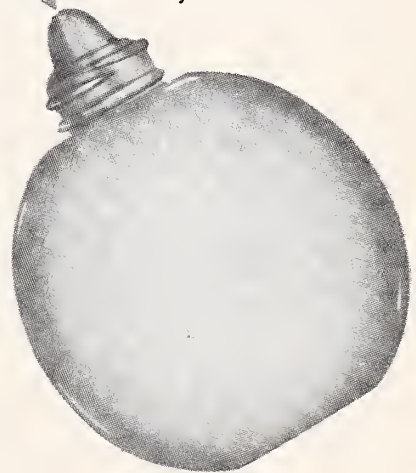
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to be better able to report to the Council or the House of Delegates a more definitive policy toward legislation. Parenthetically it was the discussion of some men who visited our committee that the Board of Medical Registration, for instance, had many problems that we had and the Medical School has many problems, and it was felt that if the Legislative Committee was made up of component members who were familiar with these problems of the various groups, that, by learning those problems, they would be better able to report to the Council and the House of Delegates a definitive policy toward legislation. Your Reference Committee concurs in this feeling and recommends its adoption.

The Committee on Public Policy and Legislation supported the bill in the Legislature providing for the registry and proper labeling of all household products containing poisons which are injurious. This bill was passed and the law will become effective January 1, 1958. Your Reference Committee commends the Committee on Public Policy and Legislation for its support of this legislation which has been passed.

Two chiropractic bills were introduced into the last Legislature, each calling for their separate board of examiners. This legislation was deferred but we feel sure the group will be back in 1959 to try again as they have been trying for the past 32 years, and parenthetically it might be said that they have made considerable progress during this time.

The committee feels that individual members and component societies will have to do more work with candidates and those elected, to continue to hold off this type of legislation; or, as has been suggested by not a few members, just stop fighting and "let them have their own board." Your Reference Committee feels, however, that we should keep up the fight and we so recommend.

Two resolutions from the House of Delegates on licensure were referred to our Reference Committee on Legislation, the first one allowing temporary training permits for interns, and the second, a resolution to promote legislation making it possible for foreign graduates to serve in state institutions without a license. After considerable discussion by the committee and others who appeared before our Committee and a report that the attorney general did not approve the legality of such procedure, and furthermore since this legislation would necessitate opening up our Medical Practice Act which has been looked upon as a model by some of the other states, your Reference Committee feels that these resolutions should be tabled, and so recommends.

#### RESOLUTION NO. 7

**Subject:** USE OF "DOCTOR" TITLE  
**Submitted by:** VANDERBURGH COUNTY MEDICAL SOCIETY

WHEREAS, a large part of our population is not acutely aware of the means of distinguishing the

difference between the many various areas of the healing arts, and assumes that all who call themselves "Doctor" are doctors of medicine, and

WHEREAS, many of those holding themselves out to be practitioners and healers, who are not Doctors of Medicine, capitalize upon this as a means of implying that they hold an M.D. degree by resorting to subterfuge in describing themselves to the public. Among such subterfuges is use only of the initials "Dr." or the word "Doctor" before their names. Another is use of initials denoting the degree in small, illegible letters following the name, and

WHEREAS, it is in the public interest that those requiring the services of a physician not be misled or deceived as to the qualifications, education, training and theory of the practitioner, therefore

BE IT RESOLVED, that the Vanderburgh County Medical Society petition the Indiana State Medical Association to sponsor legislation in the next General Assembly designed to prohibit persons holding themselves out as physicians and healers from using the initials "Dr." or the word "Doctor" before their names on signs, letterheads, statements, etc., unless the initials denoting the degree also are displayed, and that such initials denoting degree be of the same size, prominence, and legibility as the letters in the name.

The last resolution referred to our committee was Resolution No. 7 which was submitted by the Vanderburgh County Medical Society on the use of "doctor" title. The resolution is printed on page 87 of the Handbook. Representatives of the sponsors of this resolution appeared before our committee and presented their views and reasons for introducing the resolution. While we agree with their thinking as to the abuses of the use of the title "doctor," we doubt very seriously whether any such legislation would have any chance of passing the Legislature. Furthermore it was felt by our committee that publicity arising from such a proposal might react unfavorably toward the medical profession and give further advertising publicity to those who try to profit by the use of the title "doctor." Your Reference Committee therefore feels that this resolution should not be adopted, and we so recommend.

Another matter was referred to our committee from the Legislative Committee of the AMA. This has to do with H.R. 9467 which was introduced in Congress on August 27, 1957, by Rep. Forand (D., Rhode Island). This bill would provide free hospital, nursing home, and surgical care for every person eligible for benefits under the old age and survivors' program of the Social Security Act. Approximately 12,000,000 to 13,000,000 people fall into this category. This is felt to be the most important legislative problem facing the medical profession during the 85th Congress.

Immediately after it was introduced, this bill was publicly endorsed by President George Meany of the AFL-CIO and has the full support of organized labor.

This legislation, which was originally proposed in a slightly different form by Oscar Ewing and



President Truman in 1951, will, if enacted, seriously jeopardize the private practice of medicine.

Not only does this bill provide for free hospital, nursing care, and surgical payments—which the author estimates would cost two billion dollars the first year—but it also increases the earnings formula under which persons would be taxed from the present \$4,200 up to the first \$6,000 of yearly earnings. The bill also increases the dollar benefit payments to workers, their dependents and survivors, from the present maximum individual monthly benefits of \$108.50 to \$151.80. Family benefits would be increased from the present \$200 monthly to a maximum of \$305 monthly.

To finance the cost of this proposal, the rate of tax contribution of employees and employers would be gradually increased until 1975 when it would be 4¼ per cent for each for a total of 9½ per cent of wages up to \$6,000 annually. For self-employed persons the tax would be 7½ per cent of the first \$6,000 of income.

This, gentlemen, is socialized medicine by the back door. It would also give a very marked impetus to the inflationary spiral which our present administration in Washington *says* it is trying to control.

Your Reference Committee feels that we cannot overstress the importance of this legislation to the medical profession and urges each of you personally, or by letter, to contact your congressman while he is home during the congressional recess and urge him not to support this bill.

As you know, Congress reconvenes on January 7, 1958, for the Second Session of the 85th Congress and we have no time to lose in laying the groundwork of our campaign on the *local, state, and national* level to try to defeat this socialistic legislation which threatens the foundations of the private practice of medicine and indeed the entire economy of our Nation. We urge you to action on this important matter.

#### **MATTERS REFERRED TO REFERENCE COMMITTEE ON PUBLIC RELATIONS**

The following matters were referred to the Reference Committee on Public Relations. All reports will be found on the pages indicated in the September, 1957, Vol. 50, No. 9, JOURNAL of the Indiana State Medical Association. Supplemental reports and resolutions introduced before the House and referred to this committee are printed herewith.

Report of Grievance Committee (page 1178)  
Committee on Public Relations (page 1185)  
Committee on Publicity (page 1186)  
Committee on Civil Defense (pages 1189-1190)  
Liaison Committee with Labor (page 1210)  
Liaison Committee with State Department of Public Welfare (page 1210)

Liaison Committee with American Legion, Indiana Hospital Association, and Indiana State Dental

Association (pages 1210-1212) and the following supplementary report, presented by Dr. Lester D. Bibler, chairman:

#### **SUPPLEMENTARY REPORT OF LIAISON COMMITTEE OF THE AMERICAN LEGION AND THE INDIANA STATE MEDICAL ASSOCIATION**

August 3, 1957

The Twenty-third Meeting of the Joint Liaison Committee on Veterans' Affairs; Indiana State Medical Association; Indiana State Hospital Association; Indiana Department of the American Legion and Indiana State Dental Association met in Hunters Lodge, Marott Hotel, 2:00 p.m., Wednesday, July 24, 1957; the State Dental Association acting as host, Dr. D. D. Curry as chairman.

Twenty-three members were present at this discussion and all members of the Indiana State Medical Association committee were present. Other doctors of the Association who were present were: Drs. Gordon Wilder, E. W. Mericle, Norman R. Booher, William E. Sutton, M. L. McClung, Edward Mandell, J. O. Ritchey, and John Van Nuys. Pertinent points discussed were: That the Dean's Committee has nothing to do with the admission of non-service connected cases in Veterans' Hospitals; that they are primarily interested in providing adequate medical and surgical care and teaching of the interns and residents.

Mr. Frank Myers, Adjutant of the Indiana Department of American Legion, stated that the Legion is concerned about the care of the aging veteran. He also stated that a Chiropractic Resolution asking that chiropractors be recommended for out-patient care was rejected; that the Legion has supported organized medicine in rejecting socialized medicine.

Doctor McClung stated that the Regional Office has about 300 hospital applications per month and about 50% of these are service connected and are considered indigent. He tries to hospitalize these cases within five days if recommended.

Doctor Mandell stated that he was in favor of the Dean's Committee and supported it wholeheartedly. He also stated that the pay scale for V.A. physicians was too low, and hoped that this scale could be increased so they would be able to keep their medical and surgical personnel.

Doctor Powell stated that the 10-year backlog of dental care cases was cleared up on August 2, 1956. At one time there were over 28,000 cases on file. At the present time only limited treatment is allowed according to the new law covering war-time service only. At the present time they are primarily interested in providing dental care to veteran diabetics, epileptics, and prosthetic needs of war time injuries.

It was pointed out that there is still a neuropsychiatric bed shortage in Indiana. There are 180 beds filled at the LaRue Carter Hospital with seventy cases on furlough. There are inadequate neuro-

psychiatric facilities at the Indianapolis General Hospital as well as the West 10th Street Veterans Hospital. There are limited facilities for taking care of female veteran neuro-psychiatric cases in Indiana.

It was pointed out that this Liaison Committee is doing a fine job as a clearing house for complaints as well as misunderstandings among the various groups involved.

After a very lively discussion and an excellent dinner, the meeting was adjourned at 9:00 p.m.

It is recommended that this committee be continued.

Committee on a Code of Medico-Legal Matters (pages 1226-1231)

Review Committee for Claims on P. L. 569 (pages 1218-1219)

State Fair Committee (page 1219)

Resolution No. 9. SPECIALTIES INCLUSION IN "MEDICARE"

Resolution No. 10. MEDICARE FEES

#### REFERENCE COMMITTEE ACTION

DR. HARRY E. MURPHY, chairman, presented the following report, which, on motion of Dr. Murphy, seconded by Drs. Harold C. Ochsner and Francis L. Land, was adopted:

I am rendering a report of the Reference Committee on Public Relations.

First, the report of the *Committee on Grievances*, J. William Wright, chairman. This report was approved as written, and the Committee was commended for its work. I move adoption of this portion of the report.

Mr. President, I have nine other committee reports that I do not think are controversial and, may I have your consent to present them all and, if there is any discussion from the floor, those interested may pick out that one which they may care to discuss? (Taken by consent.)

1. *Report of Committee on Grievances*—J. William Wright, Chairman. This report was approved as written. The committee is commended for its work.

2. *Report of Committee on Public Relations*—Earl W. Mericle, Chairman. This report was approved as written. The committee is commended for its work.

3. *Report of Committee on Publicity*—Dennis S. Megenhardt, Chairman. This report was approved as written. The committee is commended for its work.

4. *Report of Committee on Civil Defense*—Glen Ward Lee, Chairman. This report was approved as written. The committee is commended for its work.

5. *Report of Committee on Liaison with Labor*—Wm. Harry Howard, Chairman. There was no report from this committee.

6. *Report of Committee on Liaison with American Legion, Indiana Hospital Association, Indiana Dental Association*—Lester D. Bibler, Chairman. This report approved as written with endorsement

of contained resolution on Veterans' Care. Supplemental report of August 3, 1957 with Appendix A to resolution approved.

Appendix B to Resolution—This approved as here written by reference committee:

BE IT FURTHER RESOLVED, that the Armed Forces, including the United States Army, Navy, Air, and Marine Corps, be requested to inform their discharged personnel through regular channels, as to limitations of Veterans' rights for free medical and surgical care.

In regard to the report of the Committee on Liaison with the American Legion, Indiana Hospital Association, and Indiana State Dental Association, it was further suggested that this committee be continued in operation.

7. *Report of Committee on Liaison with Indiana State Department of Public Welfare*—Richard Good, Chairman. This report approved as written. The committee is commended on its work.

8. *Report of Committee on Code of Medico-Legal Matters*—Lall G. Montgomery, Chairman. This report approved as written. The committee is commended for its work.

9. *Report of Committee on Claims under P. L. 569*—Walter U. Kennedy, Chairman. This report was approved as written, and the committee commended for its work.

10. *Report of Committee on State Fair*—M. O. Scamahorn, Chairman. This report approved as written. The committee is commended on its work.

#### RESOLUTION NO. 9

**Introduced by:** JENE R. BENNETT, M.D., DELEGATE FROM ST. JOSEPH COUNTY MEDICAL SOCIETY, ON BEHALF OF THE INDIANA ASSOCIATION OF PATHOLOGISTS

**Subject:** SPECIALTIES INCLUSION IN "MEDICARE"

WHEREAS, the American Medical Association has declared that the practices of anesthesiology, pathology, radiology, and physical medicine are practices of medicine; and

WHEREAS, anesthesiologic, pathologic, radiologic, and physical medicine services may be rendered in or outside a hospital, and

WHEREAS, such anesthesiologic, pathologic, radiologic, and physical medicine services can be performed only by or under the supervision of duly licensed physicians, and

WHEREAS, the several state medical societies have contracted for the physicians with the Department of Defense to supply medical services to dependents of the Uniformed Forces under Public Law 569 of the 84th Congress (otherwise known as the Dependents' Medical Care Act), and

WHEREAS, certification of medical services rendered can be made only by physicians; therefore be it

RESOLVED, that the Indiana State Medical Association hereby declares that anesthesiology, pathology, radiology, and physical medicine are practices of medicine, under the terms of the contracts which have been negotiated between The Indiana State Medical Association and the Department of Defense as set forth in Contract No. DA-49-007-MD-815, dated November 30, 1956, issued by the Department of De-



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fense in compliance with the Dependents' Medical Care Act, and fees for such services, wherever rendered, must be paid to the physicians rendering the services.

#### REFERENCE COMMITTEE ACTION

DR. HARRY E. MURPHY, chairman, presented the following report, which, on motion of Dr. Murphy, seconded by Dr. Jene R. Bennett, was adopted:

This committee was also given Resolution No. 9, which is on page 89 of your Handbook. It was submitted by Jene R. Bennett, M.D., delegate from St. Joseph county, for the Indiana Association of Pathologists. The subject was: *Specialties Inclusion in Medicare*. This report was approved as written, and the Committee moves for its adoption.

#### RESOLUTION NO. 10

**Introduced by:** GRANT COUNTY MEDICAL SOCIETY

**Subject:** MEDICARE FEES

WHEREAS, the officers of the Indiana State Medical Association stated to the 1956 House of Delegates, that the Indiana State Medical Association had entered into an agreement with the Federal Authorities for the Medicare Program in Indiana and stipulated that our fiscal fee schedule was made, but that the physician would render a reasonable charge for the service rendered, and

WHEREAS, the fees for services rendered by physicians in accord with the usual fee charged in the community have been graded down by a reviewing board of the Indiana State Medical Association before payment was made to the physician, and

WHEREAS, the reviewing board has required the physician to certify that the graded down fee was payment in full for the service included:

NOW THEREFORE BE IT RESOLVED, that as long as the present agreement with the Medicare Program is in force, no officers of the Indiana State Medical Association, or any committee appointed by the officers of the Indiana State Medical Association be empowered to grade down the fee charged by a physician for services rendered as long as the fee is the usual fee charged in the community in which the service is rendered.

BE IT FURTHER RESOLVED, the physician not be required to certify that payment allowed is payment in full when the amount paid is less than the usual fee for the service rendered in the community in which the service was rendered.

BE IT FURTHER RESOLVED, that if in the future the Indiana State Medical Association enter into a fee schedule with the Medicare Program, the fee schedule will be equal to or greater than the Preferred Blue Shield schedule at the time of the agreement and that the agreement be from year to year.

#### REFERENCE COMMITTEE ACTION

DR. HARRY E. MURPHY, chairman, presented the following report:

Also Resolution No. 10, which appears on page 90 of your Handbook. This resolution No. 10 was submitted by the Grant County Medical Society, the subject, *Medicare Fees*. This resolution was disapproved as written, and, with the approval

of the delegate, your committee will recommend its adoption in modified form, which I shall now read:

Resolution No. 10, MEDICARE FEES (as amended):

WHEREAS, the officers of the Indiana State Medical Association in negotiation with the Federal Government were successful in protecting the interest of its members to the fullest extent possible in establishing a provision for the physicians to render care under this program on an average fee basis rather than be under a fixed fee schedule for a service program, and

WHEREAS, it was the intent, and was so stated to the physicians of Indiana, that they would be able to charge their usual fees in accordance with their normal practices within their community, and

WHEREAS, the review committee established by the Association has in some instances graded down physicians' fees and revised physicians' statements, not in keeping with the usual professional practice in a given community, and

WHEREAS, it is realized that in the original negotiations it was difficult for the officers of the Association to be familiar with the practices in the various communities of the state, and to have full knowledge of the usual fees charged, and

WHEREAS, under our present contract, the Association has guaranteed that the cost of individual procedures would not average more than estimated in the "Estimated Average Schedule Submitted to the Government," the penalty being a reimbursement at the expense of the Association for any such overpayment, and

WHEREAS, every medical service rendered in the community is contracted for on the estimated average charge in that community with the exception of the assistant's fee which is rigidly fixed by the government at twenty per cent of the surgeon's fee,

NOW THEREFORE BE IT RESOLVED that the Association take steps to enter into negotiations with the government to revise their contract so as to provide that the fee paid for surgical and assistants' services, where assistants are required, be computed on the combined total of the surgeons' and the assistants' charges, and

BE IT FURTHER RESOLVED that the surgeon and assistant should each be remunerated according to the custom of the community.

Following discussion by Drs. Maurice E. Glock and Wendell C. Stover, Dr. Murphy's motion for adoption of this section of the report, seconded by Dr. Harold C. Ochsner, was put to vote and carried.

On motion of Drs. Murphy and John M. Paris, the report of the Reference Committee on Public Relations was adopted as a whole.

#### MATTERS REFERRED TO REFERENCE COMMITTEE ON HYGIENE AND PUBLIC HEALTH

The following matters were referred to the Reference Committee on Hygiene and Public Health. All reports will be found on the pages indicated in the September, 1957, Vol. 50, No. 9, JOURNAL of the Indiana State Medical Association



tion. The resolution introduced before the House and referred to this committee is printed herewith.

Committee on Industrial Health (page 1178)  
Committee on Cancer (page 1188)  
Committee on Chronic Illness (pages 1188-1189)  
Committee on Conservation of Vision (page 1206)  
Committee on Conservation of Hearing (pages 1190-1204)  
Committee on Diabetes (page 1206)  
Committee on Heart Disease (page 1206)  
Committee on Maternal and Child Health (page 1212)  
Committee on Mental Health and Alcoholics Study (page 1214)  
Committee on Rural Health (page 1187)  
Committee on School Health and Physical Education (page 1219)  
Committee on Traffic Safety (page 1219)  
Committee on Tuberculosis (pages 1219-1220)  
Committee on Polio (page 1215)  
Committee on Venereal and Communicable Diseases (pages 1220-1225)  
Committee on Crippled Children Rehabilitation (page 1206)  
Commission on Public Health Agencies (pages 1215 and 1218)  
Resolution on ASIATIC INFLUENZA IMMUNIZATION PROGRAM

## REFERENCE COMMITTEE ACTION

DR. PAUL R. TINDALL, chairman, presented the following report, which was adopted on motions of Dr. Tindall, with seconds as indicated:

I should also like to follow Dr. Murphy's plan of grouping the non-controversial reports, or those that I think are non-controversial, if I may be permitted that privilege. (Consent.)

The Reference Committee on Hygiene and Public Health was charged with perusal and study of seventeen (17) standing committee reports. The committees on *Cancer*, *Heart Disease*, *Traffic Safety*, and *Crippled Children Rehabilitation* submitted no report, while the *Committee on School Health and Physical Education* reported that no meeting was held during the past year and therefore had nothing to report.

The report of the *Committee on Industrial Health* calls attention to the changes which have taken place in industrial medicine, mentioning radiation activity, new chemicals which present toxicological problems, studies in industrial noises, and the committee's work on silicosis. Your reference committee recommends the approval of this report.

The *Committee on Chronic Illness* reported that no regular meeting was held during the year but made the observation that it behooves the physician to recognize the fact that the care of the aged is becoming an increasingly larger part of his practice and that this group of patients presents no

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special problem in regard to treatment as compared to the treatment of any other specific group of patients. Approval of this report is recommended.

The report of the *Committee on Conservation of Vision* reflects much activity and accomplishment during the past year, particularly on the part of the chairman, who spent much time and effort in successfully opposing proposed legislation detrimental to the interests of the medical profession during the last meeting of the Indiana General Assembly. The committee's approval of the establishment of an eye bank at the Medical Center; its recommendations in regard to visual requirements in connection with traffic safety recommendations; and, its activities in regard to the dissemination of information regarding glaucoma to both the general practitioner and the public should receive special commendation. This committee recommends approval of this report.

Mr. President, I move the adoption of this portion of the report. (Seconded by Dr. Lowell Painter.)

The report of the *Committee on Diabetes* calls attention to the availability of the second edition of the Diabetic Guide Book and urges support of the James Whitcomb Riley Camp for diabetic children.

Approval of this report is recommended.

The report of the *Committee on Conservation of Hearing* consists largely of the consolidated and amended reports of the past four years of the Indiana Sub-Committee on Noise in Industry. This section of the report was so voluminous and detailed as to require almost twelve (12) of the thirteen (13) pages allotted to this report in the September issue of The JOURNAL. Reprints of this report from The JOURNAL were made which has satisfied the request of the committee that its report be published in pamphlet form. Another part of this report is in the form of a resolution which, if adopted, would empower the Committee on Conservation of Hearing to conduct a program of public education on the subject of hearing losses. Your reference committee desires to salute and compliment this committee for its excellent work and recommends approval of the report, including the resolution, provided the extent of such program be determined by the Executive Committee of the Indiana State Medical Association.

Mr. President, I move the adoption of this portion of the report. (Seconded by Dr. Richard Good.)

(Here DR. GUY A. OWSLEY asked: Does the Committee mean that any educational information should be cleared with the Executive Committee before it is disseminated to the public? Is that the intent of the Committee's recommendation?)

CHAIRMAN TINDALL: The Committee's idea is this: A very great many committees deal with

various diseases, all of whom think probably their reports are pretty important and they might want to conduct a campaign or they might want their reports printed. We thought therefore, which I think would be the natural sequence of events anyway, to get money to conduct a campaign, the Executive Committee would have to appropriate it, with the consent of the Council, so it is just simply emphasizing the fact that there shall be some limitation to the thing. That was the Committee's thought.)

DR. TINDALL continued with the report of the Reference Committee on Hygiene and Public Health:

The report of the *Committee on Maternal and Child Health* indicates considerable activity by this committee during the past year. Their study and recommendations in the fields of premature infant care, prevention of mental retardation, and projects which might contribute to the strengthening and stability of family life, merit commendation. Approval of this report is recommended.

The report of the *Committee on Mental Health and Alcoholics Study* indicates a feeling on the part of the committee that the medical profession does not have, or has not assumed, its full role in mental health problems in proper proportion with the Division of Mental Health for the State of Indiana. Certain concepts are stated and recommendations are introduced in an effort to guarantee the same. This report is recommended for approval.

The *Committee on Rural Health* reports on the Purdue Conference of the Council on Rural Health and the Junior-Senior Day activities at the Columbia Club in April of this year. The Committee affirms its continued sponsorship of the placement program and promotion of health forums and health days through the efforts of our medical auxiliaries. Several more meetings with appropriate groups, to discuss common health problems, are planned for later this year. We commend this committee for its most important work and recommend approval of its report.

Mr. President, I move the adoption of this portion of the report. (Seconded by Dr. J. M. Kirtley.)

The *Committee on Tuberculosis* reports agreement to participate in the United States Public Health program to ascertain the value of (INH) Isoniazid as a prophylactic measure in household contacts of active cases of pulmonary tuberculosis, and went on record as recommending the use of the Mantoux tuberculin test in preference to the Vollmer test in survey work because of its apparent greater reliability. Approval of this report is recommended.

The *Committee on Polio* calls attention in its report to the apparent apathy on the part of the general public toward polio immunization and urges renewed and intensified efforts to the end



that all persons, at least under the age of forty (40), avail themselves of the opportunity to be immunized. Approval of this report is recommended.

The *Committee on Venereal and Communicable Disease* reports an increase in the incidence of syphilis and gonorrhea in Indiana over a period beginning in the third quarter of 1956 and continuing into the second quarter of 1957. Of the eight (8) statistical tables included in this report, seven (7) deal with the venereal disease problem and reveal some shocking facts regarding these diseases in this state. Your reference committee urges the careful perusal of this detailed report which appears on pages 1220 to 1225 in the September issue of *The JOURNAL*. This committee is complimented on its report which is recommended for approval.

*Mr. President*, I move the adoption of this portion of the report. (Seconded by Dr. J. M. Kirtley.)

The *Commission on Public Health Agencies*, a new activity of our Association during this past year, is composed of nine (9) members, seven of whom are the chairmen of committees having counterpart health agencies. This report calls attention to a regrettable lack of participation by the medical profession in the activities of the various voluntary health agencies. It appears that some of these agencies have so grown in financial status and in public recognition that they no longer depend upon the medical profession for guidance, as they did in the beginning. Whereas, just a few years ago the medical profession was respected as the authority in all health matters, today there are some areas in which the medical profession has lost its standing and the public now regards these health agencies as the authority in some of the aspects of health. This report suggests the development of a relationship between the profession and these agencies which would allow the former active participation in all phases of planning within these agencies. The question of whether or not some of these agencies have served their original purpose and are no longer particularly useful is discussed most pointedly. This report indicates the need for continuation of this Commission with perhaps a greater scope of activity, and more attention given to this problem at the local level. Approval of this report is recommended.

*Mr. President*, I move the adoption of this portion of the report. (Seconded by Dr. J. M. Kirtley.)

#### RESOLUTION ON ASIATIC FLU IMMUNIZATION PROGRAM

Introduced by Dr. Francis L. Land, for the Allen County Medical Society

WHEREAS, the recent and present publicity and immunization program concerning Asiatic flu has been of an unwarranted and undesirable nature because of its very detrimental effect on the physician-patient relationship in the following ways:

1. Permitted the purchase of vaccine from pharmaceutical manufacturers by general industry in larger quantities rather than the normal distribu-

tion through wholesale drug companies and thence to private physicians;

2. Encouraged mass immunization of the public without regard to the inherent weaknesses of such program, i.e., the injection of highly allergenic material to possibly already sensitized individuals and possibly sensitizing numerous other individuals to egg proteins for an illness of insignificant mortality and questionable morbidity, thus conceivably rendering them candidates for serious allergic reactions to any future vaccine preparation containing egg protein when immunization for a more serious illness may be necessary and such future vaccine containing egg protein might be of much greater protection to them;
3. Placed the private physician in a position of being unable to provide for his patients the preventive measures which are readily available to employees of general industry, etc.;
4. Established a type government interference in the private practice of medicine which discriminates against the civil populace with regards to medical care and creates a system whereby the occupation of the individual determines his accessibility to protection against disease;

NOW, THEREFORE, BE IT RESOLVED, That the Allen County Medical Society unanimously go on record as censuring the Asiatic flu policy of the United States Public Health Service, The American Medical Association and the pharmaceutical manufacturing companies who have developed this haphazard program, which impairs the relationship between the individual patient and individual physicians;

AND BE IT FURTHER RESOLVED, That the Indiana State Medical Association House of Delegates endorse this resolution for presentation at the House of Delegates meeting of the American Medical Association in December 1957.

Passed unanimously by Allen County Medical Society—October 1, 1957.

#### REFERENCE COMMITTEE ACTION

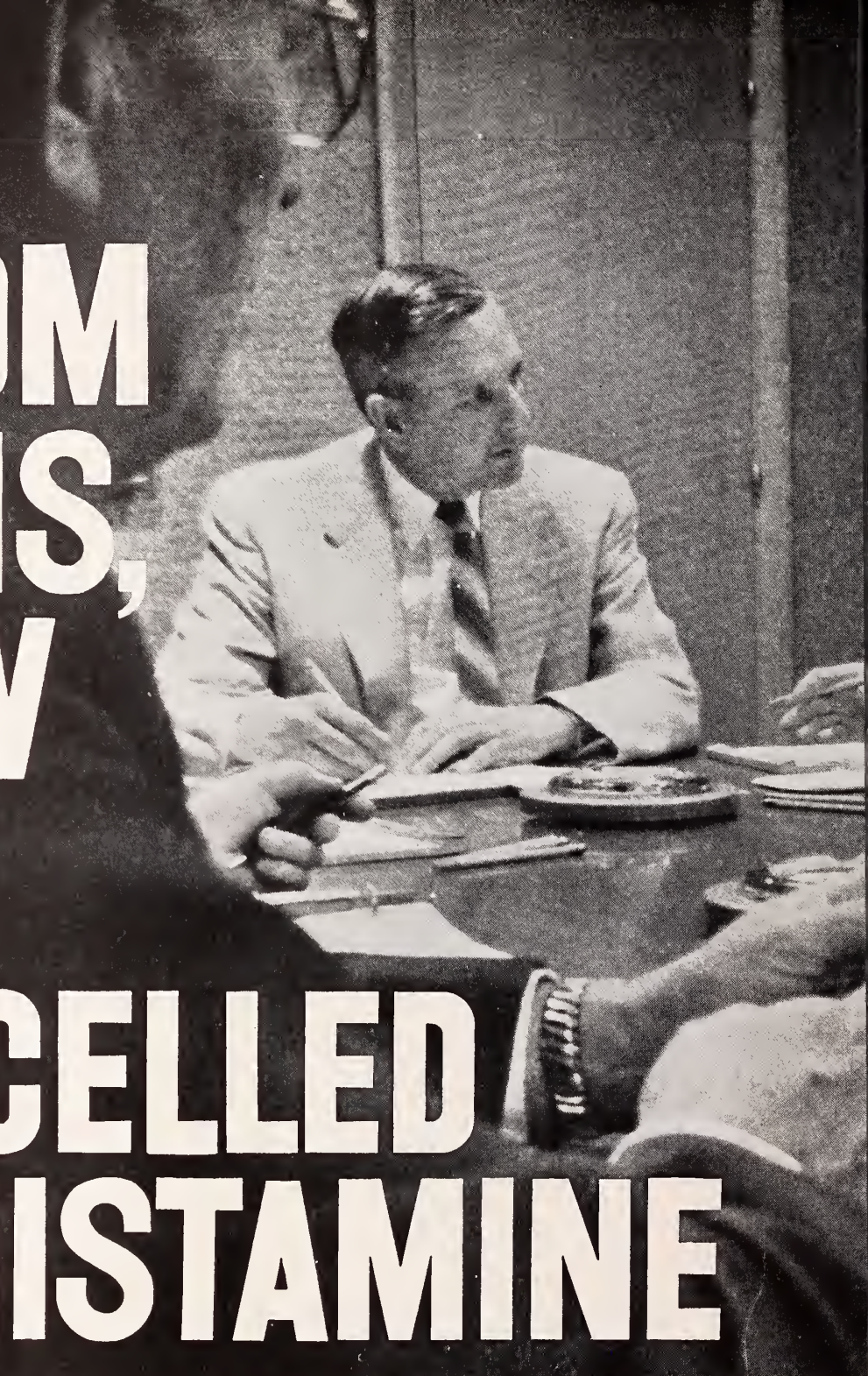
The resolution dealing with the Asiatic Influenza Program, introduced by the Allen County Medical Society, was carefully studied by this committee after listening to lengthy discussions by a large number of interested physicians. These discussions revealed strong feelings of both disapproval and approval. The reference committee feels that the wording and sentiment of this resolution could be improved by deleting parts of the resolution and changing others to the end that the resolution seeking approval of this committee and the House of Delegates would read as follows:

WHEREAS, the recent and present publicity in regard to the immunization program, in connection with Asiatic influenza, has been of such unwarranted and undesirable nature as to be detrimental to physician-patient relationship: First, because the distribution of the vaccine was largely made through industrial channels rather than the normal distribution through pharmaceutical companies and thence to private physicians; and, secondly, because this program placed the private physician in the position of being unable to provide for his patients the preventive measures which are readily available to employees of general industry,

NOW, THEREFORE, BE IT RESOLVED, that the Allen County Medical Society unanimously go on record as objecting to the haphazard method of dis-



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Urticaria and angioneurotic edema	3	1	1	1		Dizzy (1)
Allergic dermatitis	2		1	1		Slight Drowsiness (2)
Bronchial asthma	1		1			
Pruritus	1		1			
Total	37	15	13	7	2	Drowsiness (5) 16.2% Dizzy (1)

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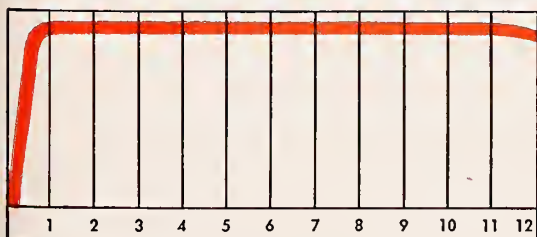
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tribution of such vaccines (or other immunization products) which impairs the relationship between the individual patient and his physician.

BE IT FURTHER RESOLVED, that the Indiana State Medical Association and the American Medical Association be petitioned to employ every effort to see that vaccines are distributed through regularly established channels and that the various manufacturing pharmaceutical companies involved be advised of this resolution.

This committee recommends approval of this portion of its report and urges widespread distribution of the A.M.A. press release entitled "A.M.A. Asks Industry's Aid in Probable Flu Outbreak", a copy of which is attached to this report.

#### A.M.A. ASKS INDUSTRY'S AID IN PROBABLE FLU OUTBREAK

CHICAGO—The American Medical Association today asked for the cooperation of American industry in gearing for a probable epidemic of Asian influenza.

Dr. Harold C. Lueth, chairman of the A.M.A.'s special committee on influenza, said that while industry will no doubt experience a marked increase in absenteeism this fall or winter if the expected Asian flu epidemic materializes, it should not get panicky and rush into a program of mass inoculation for its employees until essential priority groups in the community have been inoculated.

Dr. Lueth pointed out that, at the present time, there is no cause for alarm concerning an Asian influenza outbreak because the illness is of short duration, is generally mild, has few complications, and has a very low mortality rate.

The doctor urged industry to contact local medical authorities for advice before organizing any inoculation program of its own.

"American industry must think in terms of corporate citizenship," he said.

"First priority on available vaccine should go to those persons vital to the community—such as health, police, fire, communications, transportation, and utility personnel—and to those who, in the opinion of physicians constitute a special medical risk."

Dr. Lueth pointed out that state and county medical societies have been requested to assist in the creation of advisory committees, composed of health and medical representatives, to determine vaccine distribution in their areas.

Individual physicians, Dr. Lueth added, have been urged to adhere to local priority systems. For this reason, industry should not embark upon any program of mass Asian flu inoculation for its employees until it has consulted with the local advisory committees.

"Local and state medical societies can generally best answer industry's questions on the subject. They ought to be consulted as to the availability of vaccine and the advisability of any mass in-plant inoculation program," the doctor advised.

Referring to the question of absenteeism, he said:

"On the basis of reports made available to us, the probability of an Asian flu epidemic is great. And if the epidemic does materialize, industry can expect to see a greater than normal number of its employees staying at home, either ill with Asian flu themselves or, especially in the case of working mothers, staying at home to take care of some other member of the family who is ill."

The A.M.A. committee has endorsed and adopted a resolution passed by the State and Territorial Health Officers last month dealing with the establishment of priorities to be given in the administration

of Asian flu vaccine. This resolution recommends that priority be given to:

(1) Those individuals whose services are necessary to maintain health of the community.

(2) Those individuals necessary to maintain other basic community services.

(3) Persons with tuberculosis and others who in the opinion of the physician constitute a special medical risk.

The A.M.A. committee added that the above recommendations should be used only as a guide and should be considered in the light of local conditions and situations.

*Mr. President*, I move the adoption of this portion of the report. (Seconded by Dr. J. M. Kirtley.)

DR. RALPH V. EVERLY: I realize that perhaps I am a little late in my remarks. I did not have this information at the time the committee met. I feel like maybe we are dealing with a marriage between the doctors and the biological manufacturers. I received a telegram from one of the biological manufacturers and I certainly felt it was my obligation to read this to the House of Delegates so that we could enhance rather than divorce our honorable relationship.

"We were distressed to read in the Indianapolis newspapers of October 7 that the Allen County Medical Society introduced a resolution before the State Medical Convention criticizing the entire drug industry for Asian Flu vaccine distribution practices. We feel this indictment of all vaccine manufacturers is unfair and unwarranted, at least in respect to Pitman-Moore Company. We did not make commercial shipment of Asian Flu vaccine until Monday, September 30, when our regular 10 cc. vial was introduced for the first time.

"Previously we had supplied 30 cc. vials to the United States Armed Forces under contract and gave a special 2 cc. vial free to 130,000 physicians throughout the United States who requested one.

"Commercial shipments currently being confined to regular drug outlets and allocated according to distribution and priority recommendations of the United States Public Health Service. As a matter of policy, initial priority is being given to hospital staff personnel as well as employees of physicians, drug distributors, and government agencies responsible for community health and safety.

"We feel our firm, and perhaps others are not only innocent of the stated charges, but have conscientiously tried to maintain normal patient-physician relationships during this difficult period.

"Thank you for your generous consideration.

Pitman-Moore Company."

(Motion for adoption of this section of the report was put to vote and carried.)

CHAIRMAN TINDALL: Mr. President, I move the adoption of this report as a whole. (Motion seconded by Dr. Gordon B. Wilder, put to vote, and carried.)

The Committee desires to thank all those who appeared before it to discuss the matters under



consideration and the chairman desires to thank the other committee members for their services.

#### MATTERS REFERRED TO REFERENCE COMMITTEE ON AMENDMENTS TO CONSTITUTION AND BYLAWS

The following matters were referred to the Reference Committee on Amendments to Constitution and Bylaws. All reports will be found on the pages indicated in the September, 1957, Vol. 50, No. 9, JOURNAL of the Indiana State Medical Association. The resolutions introduced before the House and referred to this committee are printed herewith.

Committee on Constitution and Bylaws (pages 1171-1176)

Committee on Reorganization of Committees (pages 1231-1233)

Resolution No. 5. CONSTITUTIONAL AMENDMENT FOR THE PURPOSE OF COUNCILOR DISTRICT REORGANIZATION

Resolution No. 8. CREATION OF SECTION ON RADIOLOGY

Resolution No. 13. ESTABLISHMENT OF REHABILITATION PROGRAM

Amendment to Article IV, Section 2, of the Constitution, on Active Members (page 1234)

#### REFERENCE COMMITTEE ACTION

DR. RICHARD P. GOOD, chairman, presented the following report:

This Committee met and studied the amendments, reports, and resolutions referred to it by the President.

No. 1. *The amendment to the Constitution* found on page 77 in the Handbook. This amendment is up for second reading at this session of the House of Delegates and the portion beginning at (2), page 77 of the Handbook, "That Article IV, Section 2, of the Constitution be amended to read as follows:"

The Committee recommends that Sec. 2, beginning with "Active Members," be amended to read: "The active members of this Association shall be the members of the component county medical societies, and no county medical society shall grant *active* membership therein on a basis that does not include membership in the Indiana State Medical Association."

This amendment is identical to the wording that was in the original Constitution with the exception of that one word "*active*." This was agreed

upon by the members, by the county society which presented this original amendment, and also the ones who took issue here with it at the first session.

Mr. President, I move the adoption of this report. (Motion seconded by Dr. Michael Shellhouse.)

(At the request of Dr. Claude D. Holmes, Dr. Good read Section 2, Article IV, of the Constitution, containing the amendment to be voted on at this time:

"The active members of this Association shall be the members of the component county medical societies, and no county medical society shall grant *active* membership therein on a basis that does not include membership in the Indiana State Medical Association.")

CHAIRMAN GOOD: The testimony before the Committee would satisfy Lake County insofar as they could then locally grant a limited—or any other term—membership that they cared for, but they could not give active membership to anyone that wasn't a member of Indiana. (Motion put to vote, and carried.)

DR. GOOD continued with the report of the Reference Committee on Amendments to Constitution and Bylaws:

No. 2. *Report of the Committee on Constitution and Bylaws*, found on page 129 of the Handbook.

The Committee, after studying the resolution for amendment to the By-Laws, recommends the following changes: On page 132 of the Handbook, Section 6, line 12, delete the phrase "and committees". On page 133 of the Handbook, Section 9, line 3, after the word "commissions", add "without voting rights". With these two changes, the Committee recommends the adoption of the Report of the Committee on Constitution and By-Laws.

CHAIRMAN GOOD: I might tell you why these two changes were recommended. In the first portion of the change, which is on page 131 of the Handbook, Section 2, it gives the power of appointing chairmen of committees to the President. In this section it gave the power to the committees to elect their own chairman. That was in conflict, so we took out the word "committees", which made no conflict. We added "without voting rights" to the ex-officio members of the Commission because two years ago, I believe it was, we had quite a debate in the committee on whether or not the ex-officio members could vote in the Executive Committee, so we thought we would spell that out so there would not be discord in the future on that.

Mr. President, I move the adoption of this portion

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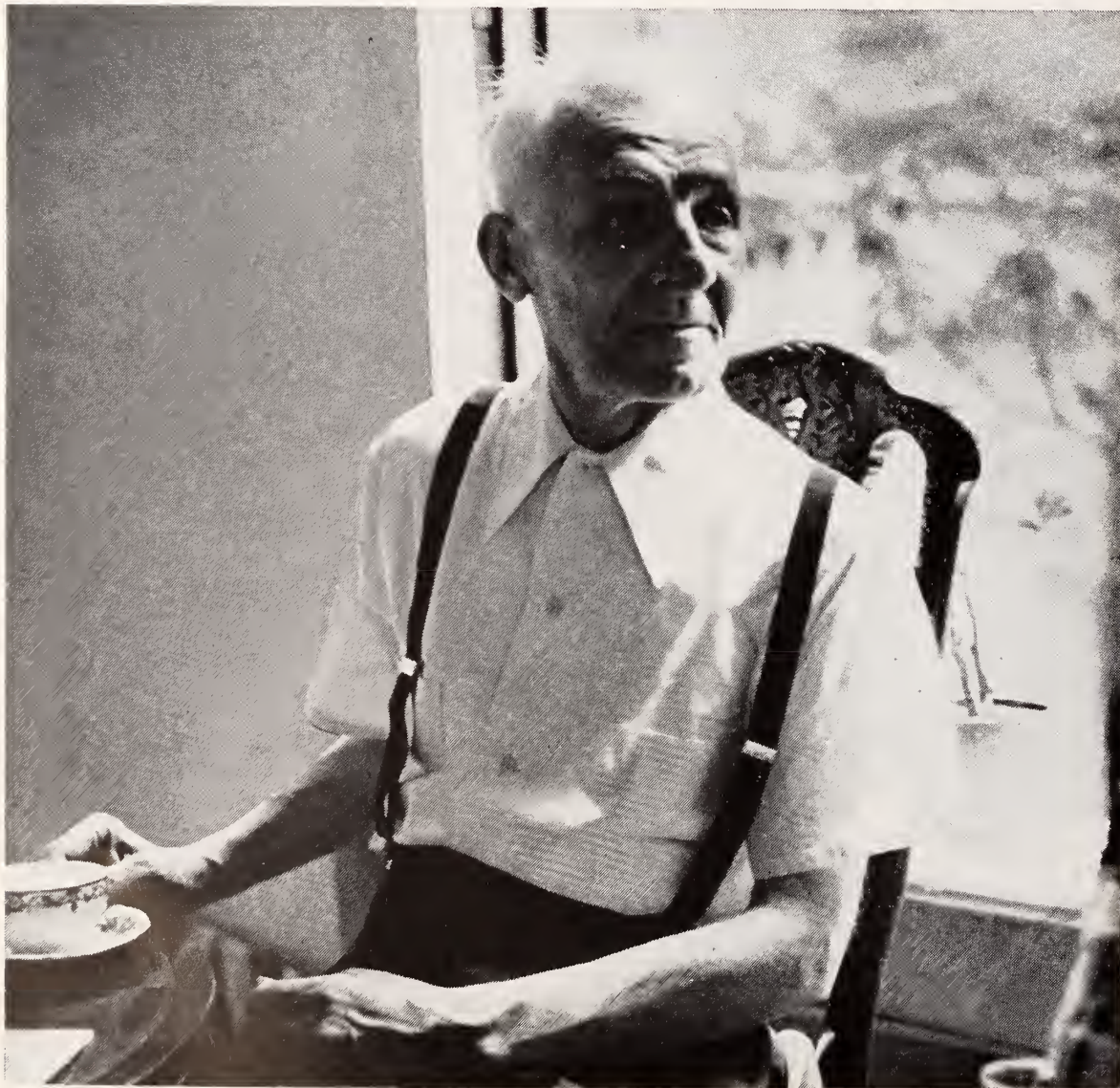
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of the report. (Motion seconded by Dr. A. E. Stouder, put to vote, and carried.)

CHAIRMAN GOOD: Now to make that workable, we have recommended this No. 3 item. The report of the reference committee continues:

No. 3. The Committee wishes to recommend that all appointments to the former committees which are in conflict with the new Bylaw terminate at the end of this convention.

(Dr. Good's motion for adoption of this section of the report was seconded by Dr. Glen Ward Lee, and carried.)

No. 4. *Report of the Committee on Reorganization of Committees*, found on page 205 of the Handbook. The work of this Committee laid the basis for the action taken by the Committee on Constitution and Bylaws for the amendment just presented to the House. This Committee on Reorganization is to be commended for its complete and comprehensive study of the needs of our State Society and the streamlining of its activities. We feel that this is a great piece of work and the Committee should be highly commended for it.

(Dr. Good's motion for adoption of this portion of the report was seconded by Drs. Guy A. Owsley and A. E. Stouder, and carried.)

#### RESOLUTION NO. 8

Introduced by: VANDERBURGH COUNTY MEDICAL SOCIETY

Subject: CREATION OF SECTION ON RADIOLOGY

WHEREAS, at present the Indiana State Medical Association does not have a section on Radiology, while most state medical groups have recognized the advantage of such a section and have included it in their organizational structure, and

WHEREAS, approximately 115 radiologists are represented in the Indiana Roentgen Society, and have gone on record as believing such a section is desirable and necessary, because Radiology affects every area of medical practice, and

WHEREAS, creation of such a section would enable this field of medicine to have a closer representation in the scientific aspect of the Indiana State Medical Association. In turn, all other areas of medical practice would be brought into closer relationship with Radiology, and

WHEREAS, in addition to members of the Indiana Roentgen Society there are many other radiologists in this state who feel that a section on Radiology is desirable and would bring benefits not only to this specialty, but to all fields of medicine, now therefore

BE IT RESOLVED, that the Vanderburgh County Medical Society petition the House of Delegates of the Indiana State Medical Association to create a Section on Radiology, composed of physicians who are members of I.S.M.A., and who practice Radiology exclusively or devote a large part of their practice to this field of medicine.

#### REFERENCE COMMITTEE ACTION

No. 5. *Resolution No. 8*, found on page 88 of the Handbook. The Committee feels that so long as there are sections of special groups within the State Medical organization that a Section on Radiology is as important as any that is now in exist-

ence. We feel that this section deserves recognition and certainly can add to the betterment of its specialty as well as all fields of medicine. The Committee recommends the adoption of this resolution.

(Dr. Good's motion for adoption of this section of the report was seconded by Dr. Gordon B. Wilder, and carried.)

No. 6. *Resolution No. 13*, introduced by the Committee on Medical Education and Licensure which reads as follows:

Subject: ESTABLISHMENT OF REHABILITATION PROGRAM

WHEREAS, the field of rehabilitation is a rapidly growing field in the practice of medicine, and

WHEREAS, the American Medical Association has recognized this field by having a Council on Rehabilitation, and

WHEREAS, the medical profession should prepare itself for the expected place of leadership in this field,

NOW THEREFORE BE IT RESOLVED that a Committee on Rehabilitation be established in the Indiana State Medical Association and that component county medical societies establish like committees, and

BE IT FURTHER RESOLVED that this committee make a study of existing facilities and programs and serve as a coordinating agency in this field; that a complete study of this problem be made and that plans be proposed concerning future rehabilitation

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efforts, and that the committee also disseminate complete information to all societies.

The Committee recommends that this Resolution be amended to read:

WHEREAS, the field of rehabilitation is a rapidly growing field in the practice of medicine, and

WHEREAS, the American Medical Association has recognized this field by having a Council on Rehabilitation, and

WHEREAS, the medical profession should prepare itself for the expected place of leadership in this field,

NOW THEREFORE BE IT RESOLVED that a Program on Rehabilitation be established in the Indiana State Medical Association and that component medical societies be encouraged to establish like programs, and

BE IT FURTHER RESOLVED that this Program be made a part of the duties of the appropriate existing commissions within the State Medical Association's organization, and serve as a coordinating agency in this field; that a complete study of this problem be made and that plans be proposed concerning future rehabilitation efforts, and that the commission also disseminate complete information to all societies.

With the above changes, the Committee recommends the adoption of this resolution.

(Dr. Good's motion for adoption of this portion of the report was seconded by Dr. William B. Challman, and carried.

#### RESOLUTION NO. 5

Introduced by: VIGO COUNTY MEDICAL SOCIETY

Subject: RESOLUTION PROPOSING A CONSTITUTIONAL AMENDMENT FOR THE PURPOSE OF COUNCILOR DISTRICT REORGANIZATION

WHEREAS, the Council of the Indiana State Medical Association is by constitutional definition the Board of Trustees of the Association, and the Councilor is actually a Trustee of the Indiana State Medical Association responsible to the House of Delegates, and thereby should be elected by the House, and

WHEREAS, the present Councilor District organizations within the Indiana State Medical Association are not representative in that they are based on geographic rather than a numerical membership basis, and

WHEREAS, the Council as Trustees for the funds of the Association should represent the dues paying membership on a basis of proportionate participation in the dues contribution to the general fund and not on an arbitrary geographic division of the state, and

WHEREAS, District Medical Society meetings are without purpose except for the election of officers, and are so poorly attended that they seldom reflect the will of the majority of the membership, and

WHEREAS, District Medical Society meetings were originally organized for the purpose of providing scientific programs and the opportunity for group participation in learned discussions, but with changing times, ease and rapidity of transportation, and multiplicity of meetings now available, this need has ended, and

WHEREAS, District meetings as heretofore conducted have been the source of much unnecessary and time consuming work on the part of the Execu-

tive Secretary of the Association, the Field Secretaries, the officers of the Association, and the invited participants from the Medical School Faculty, and

WHEREAS, we now employ two Field Secretaries and contemplate further expansion of the field secretarial staff in order to accomplish even more liaison formerly expected from District Officers, and

WHEREAS, at the meetings of the House of Delegates of the Indiana State Medical Association, the delegates are seated in a haphazard manner without the benefit of group discussion, caucus, polling, or organization within the House on a district basis,

NOW THEREFORE BE IT RESOLVED, that the House of Delegates of the Indiana State Medical Association shall redefine the Councilor Districts to more readily conform to the numerical distribution of the membership throughout the state, attempting insofar as possible to define each district with the same or nearly the same number of members. Except that any district in which there is a preponderant concentration of members which cannot be resolved by redefinition of district boundaries, shall be entitled to representation by more than one Councilor and Alternate Councilor, each to be elected on the basis of one Councilor and Alternate for each five hundred members or fraction thereof over one-half;

BE IT FURTHER RESOLVED, that the House of Delegates of the Indiana State Medical Association be seated in the House by districts, and that the second meeting of the House of Delegates so seated each year shall constitute the Annual District Meeting;

BE IT FURTHER RESOLVED, that no election of district officers be held except for the offices of Councilor and Alternate Councilor. The names of nominees for these offices shall be placed before the House of Delegates at the appropriate second session of the House in the year in which each office falls due for re-election. At that time nominations from the floor may also be made but any such nominations from the floor must be of a candidate from the respective district involved. Election shall be by a majority of the votes cast by the House of Delegates. In case no nominee receives a majority on the first ballot, the nominee receiving the lowest number of votes shall be dropped and a new ballot taken,

BE IT FINALLY RESOLVED, that appropriate amendment be made by the due process to the Constitution of the Indiana State Medical Association in order to implement these proposals for reorganization.

No. 7. *Resolution No. 5*, found on page 84 of the Handbook. The Committee studied this resolution at length and heard testimony from numerous physicians who appeared before it. The Committee feels that, while there are some defects in our present method of electing Councilors and the arrangement of Councilor Districts, there is a preponderance of feeling within the Society that our present method is fairly satisfactory. Therefore, it recommends the rejection of this resolution but does recommend that the Medical Districts structure and Councilor elections be further studied by the Commission on Constitution and Bylaws and made a part of their report to the next meeting of the House of Delegates.

We find, on examining the Constitution and Bylaws, that there are no definitions of Councilor Districts at present and very little concerning their organization. We feel that the Commission



on Constitution and Bylaws can clarify this in their next annual report.

(On motion of Drs. Good and J. E. Dudding, this portion of the report was adopted. Dr. Good's motion for adoption of the report of the Reference Committee on Amendments to Constitution and Bylaws as a whole was seconded by Dr. Gordon B. Wilder, and carried.)

## MATTERS REFERRED TO REFERENCE COMMITTEE ON INSURANCE

The following matters were referred to the Reference Committee on Insurance. All reports will be found on the pages indicated in the September, 1957, Vol. 50, No. 9, JOURNAL of the Indiana State Medical Association. The resolutions introduced before the House and referred to this committee are printed herewith:

Report of Committee on Medical Care Insurance (page 1214)

Report of Committee on Physician-Hospital Relations (page 1182)

Resolution No. 1. USES AND ABUSES OF VOLUNTARY HEALTH INSURANCE

Resolution No. 2. INCREASED INSURANCE PAYMENTS FOR MEDICAL CARE

Resolution No. 3. SIMPLIFICATION OF INSURANCE REPORTING FORMS

Resolution No. 4. BROADENING HEALTH INSURANCE BENEFITS

Resolution No. 12. PILOT STUDY OF MEDICAL PREPAYMENT PLANS ON REGULAR CURRENT CHARGES AND WITHOUT FEE SCHEDULE

## REFERENCE COMMITTEE ACTION

DR. HUBERT T. GOODMAN, chairman, presented the following report:

The *Reference Committee on Insurance* met at the South Foyer of the French Lick-Sheraton Hotel, French Lick, Indiana at 9:00 a.m. on October 7, 1957.

There was no report of the *Committee on Medical Care Insurance*.

There was no report of the *Committee on Physician-Hospital Relations*.

Next on the agenda was the discussion of *Resolution No. 1* introduced by the Clay County Medical Society—Subject: Uses and Abuses of Voluntary Health Insurance.

### RESOLUTION NO. 1

Introduced by: CLAY COUNTY MEDICAL SOCIETY

Subject: USES AND ABUSES OF VOLUNTARY HEALTH INSURANCE

WHEREAS, The medical profession has for many years approved, promoted and supported the principles of voluntary health insurance as opposed to enforced health plans and:

WHEREAS, in the course of any new plan or

system certain new uses will arise as well as certain abuses and:

WHEREAS, the following new uses are now deemed both necessary and advisable, we, the members of the Clay County Medical Society, now submit and suggest these proposals for consideration by the Indiana State Medical Association, the Indiana State Hospital Association and the Insurance Organizations, both profit and non-profit, doing business in the State of Indiana.

1. That Hospital Insurance or Hospital and Medical Insurance be sold only on a standard contract basis, possibly four plans of different cost and indemnity.
2. That certain legitimate out-patient services including diagnostic examination be included in order that patients shall have the proper preventive medicine and that hospital beds are not occupied by such patients at an additional cost to insurance carriers. The demand for this service is insistent and cannot be longer ignored.
3. Certain complications of pregnancy are not covered in most plans. Such important conditions as miscarriage or abortion (not criminal), ectopic pregnancy, transfusions are frequently more expensive and time consuming than full term normal pregnancy and should receive proper consideration.
4. Purchasers of insurance should receive a definite per diem scale and not "double room or two bedroom allowance." Since there is a great variation in hospital rates, a flat per diem allowance is more equitable. The smaller hospitals such as ours are contributing to the larger and more expensive hospitals now. If such person desires more elaborate care or quarters it should be so stated that additional expense must be borne by the patient.
5. Fees allowed for non-surgical care are absurd and a mere pittance in the light of today's costs for all other commodities or services. A particular instance is the common \$3.00 per diem medical allowance for which the physician must assume more responsibility and spend more time daily than is spent on surgery.
6. In cases wherein surgery is performed, there should be four fees—the Surgeon—the Anesthetist—the Assistant—the After Care. If one doctor performs two services he should rightly charge for two services. The assistant (usually the attending physician) may give the "aftercare." The anesthetist may give the anesthetic and the "aftercare." In no case should it be permissible or possible for one doctor to receive pay for more than two services. The total cost of all four services should not be above existing fee schedules, thus protecting the insurance companies, the patient and the physician who renders the service.

## ABUSES

1. The most flagrant abuse which has arisen is multiple coverage for the same illness. It is not uncommon to find patients with 2-5 claims on the same illness often increasing the likelihood of prolonged hospitalization even to the extent of malingering. In such cases a claim is made for physician and hospital. Since the physician and hospital can only be paid once the remainder is profit for the patient. Allowances for physician and hospital are now being appropriated for "sick benefits" and not for the purpose for which they were intended. An additional policy or clause in the existing policy should be made to cover the disability benefits which are beneficial and practical, and definitely belong to the patient. In other types of insurance such as fire

and automobile this is not possible, thereby preventing crime and fraud.

2. The name of the beneficiary and the hospital, or the beneficiary and the physician, should both appear on the checks as well as other pertinent information concerning the case, which physicians and patients as well should have. This would prevent the common and too frequent practice, which is also on the increase, of the beneficiary obtaining the settlement, spending it for other purposes and not paying medical or hospital services for which it was intended. Loss here may run as high as 10% for both physician and hospital. In our opinion this constitutes obtaining money under false pretenses and furthermore such claims would constitute fraud.
3. The beneficiary should have a list or schedule of allowances for services and must clearly understand that such allowances may or may not cover the fees charged. The usual belief is that "I have insurance and you take it or else." Plans should be indemnity type and not service type.
4. The various health and medical benefit plans which unions now have in contracts with management are a form of strong-arm tactics. In rare cases only, are the local physicians or hospitals consulted about what is adequate or proper. A little time spent together by union officials, management and county medical society officials and hospital officers would improve mutual understanding as well as insurance plans. Only in such manner can adequate coverage be provided and good public relations take place. Too frequently union officials have adopted the position that it is none of the doctor's or hospital's business. We believe this is one of the principal causes of dissatisfaction both by the lay public and the medical and hospital professions. Adequate coverage is also the best preventive for enforced or government plans.

NOW THEREFORE BE IT RESOLVED THAT: The Indiana State Medical Association, the Indiana Hospital Association and the Indiana Association of Insurance Carriers proceed to consider the above points and take action forthwith to correct abuses, and create new uses for voluntary health insurance. Furthermore be it resolved that such committee be formed on the county level to proceed along the same line.

**CHAIRMAN GOODMAN:** This is apart from my official report: this resolution embodied so many different points that it was necessary to dissect it piece by piece and it will take a little time, but, in the end, I believe everyone will have a better comprehension of the report.

#### REFERENCE COMMITTEE ACTION

**DR. HUBERT T. GOODMAN,** chairman, presented the following report:

Item 1: "That Hospital Insurance or Hospital and Medical Insurance be sold only on a standard contract basis, possibly four plans of different cost and indemnity."

It is the opinion of the reference committee that this plan would unreasonably restrict the flexibility of Blue Shield.

Item 2: "That certain legitimate out-patient services including diagnostic examination be included in order that patients shall have the proper preventive medicine and that hospital beds are not occupied by such patients at an additional cost to insurance

carriers. The demand for this service is insistent and cannot be longer ignored."

The committee feels this type of service is desirable and a plan is now being offered to groups embodying these features.

Item 3: "Certain complications of pregnancy are not covered in most plans. Such important conditions as miscarriage or abortion (not criminal), ectopic pregnancy, transfusions, are frequently more expensive and time-consuming than full-term, normal pregnancy and should receive proper consideration."

The committee is not in agreement with this statement as it feels that present plans do offer such coverage.

Item 4: "Purchasers of insurance should receive a definite per diem scale and not 'double room or two-bedroom allowance.' Since there is a great variation in hospital rates, a flat per diem allowance is more equitable. The smaller hospitals such as ours are contributing to the larger and more expensive hospitals now. If such person desires more elaborate care or quarters it should be so stated that additional expense must be borne by the patient."

Considerable discussion was evoked in regards to this paragraph and it is pointed out that in instances participants might be hospitalized in communities other than their own. It is therefore the opinion of the committee that no change be made in this procedure.

Item 5: "Fees allowed for non-surgical care are absurd and a mere pittance in the light of today's costs for all other commodities or services. A particular instance is the common \$3.00 per diem medical allowance for which the physician must assume more responsibility and spend more time daily than is spent on surgery."

The committee concurs in the general idea of this paragraph and this subject is covered more specifically in Resolution No. 2 which will be discussed later in this report.

Item 6: "In cases wherein surgery is performed, there should be four fees—the Surgeon—the Anesthetist—the Assistant—the After Care. If one doctor performs two services he should rightly charge for two services. The assistant (usually the attending physician) may give the 'aftercare.' The anesthetist may give the anesthetic and the 'aftercare.' In no case should it be permissible or possible for one doctor to receive pay for more than two services. The total cost of all four services should not be above existing fee schedules, thus protecting the insurance companies, the patient and the physician who renders the services."

The committee feels that it cannot concur on this paragraph because the matter becomes so involved and it feels that this is a problem that needs further study and clarification.

(Dr. Goodman's motion for adoption of this portion of the report was seconded by Dr. Harry P. Ross.)

#### Discussion

**DR. GLEN WARD LEE:** Doctor Goodman, I am afraid my experience would lead me to believe that your statement in regard to Paragraph 3 is not true because we do get questions sent back to us inquiring about these cases of pregnancy



and I am now thinking in terms of pyelitis in pregnancy that I occasionally am called upon to see and they write back and say, "Well, that is associated with pregnancy," and don't pay on it. They don't follow the policy, what you are saying, I am afraid.

CHAIRMAN GOODMAN: I believe I understand what you mean, Doctor, and I believe that further discussion further along, and especially under Resolution No. 2, this would be more explained. There are contracts out that will take care of certain complications if they cover the time. The committee felt, after extensive discussion of this, that items of this nature in any policy, services provided are in accordance with the premiums paid. The committee did not feel that an over-all proposition could be put in any standardized policy because the premiums did not warrant the inclusion of all these particular complications. I do believe that if the doctor refers back to the portion of my report, I believe it is in Resolution No. 2, some of this will be clarified. I hope that will be an explanation and I move for adoption of this portion of the report..

DR. WENDELL C. STOVER: Mr. Chairman, I would like to ask a point of information. If we adopt what you are asking us to, that means that we are turning down No. 1, we are accepting No. 2, turning down No. 3 and No. 4, and we are holding over until Resolution No. 2 on 5 and turning down No. 6. Is that right?

CHAIRMAN GOODMAN: No, Dr. Stover, you are merely getting the expression of the committee up to this time on these various points, and that will be explained before the balance of the report is finished.

I would again like to move for the adoption of this portion of the report.

DR. WILLIAM B. CHALLMAN: Mr. President, the question is whether they want to vote on so many things.

CHAIRMAN GOODMAN: I will withdraw the motion and wait until I finish with the entire resolution because I think that will speed the time up.

PRESIDENT CLARKE: Is that satisfactory? We will go ahead.

CHAIRMAN GOODMAN: The reason I did that was, if you will note, this was divided into two sections.

DR. GOODMAN continued with the report of the *Reference Committee on Insurance*. The second portion of this resolution is titled "Abuses" and this was discussed in detail as follows:

Item 1: "The most flagrant abuse which has arisen is multiple coverage for the same illness. It is not uncommon to find patients with 2-5 claims on the same illness often increasing the likelihood of prolonged hospitalization even to the extent of malingering. In such cases a claim is made for physician and hospital. Since the physician and hospital can only be paid once the remainder is profit for

the patient. Allowances for physician and hospital are now being appropriated for 'sick benefits' and not for the purpose for which they were intended. An additional policy or clause in the existing policy should be made to cover the disability benefits which are beneficial and practical, and definitely belong to the patient. In other types of insurance such as fire and automobile this is not possible, thereby preventing crime and fraud."

In regard to this paragraph, the committee does not believe that the doctors can enter into this matter as under present conditions it is a contract between the purchaser of the insurance and the seller.

Item 2: "The name of the beneficiary and the hospital, or the beneficiary and the physician, should both appear on the checks as well as other pertinent information concerning the case, which physicians and patients as well should have. This would prevent the common and too frequent practice, which is also on the increase, of the beneficiary obtaining the settlement, spending it for other purposes and not paying medical or hospital services for which it was intended. Loss here may run as high as 10% for both physician and hospital. In our opinion this constitutes obtaining money under false pretenses and furthermore such claims would constitute fraud."

The committee agrees in general that it would be desirable for the doctor's name to appear on the check with that of the patient.

Item 3: "The beneficiary should have a list or schedule of allowances for services and must clearly understand that such allowances may or may not cover the fees charged. The usual belief is that 'I have insurance and you take it or else.' Plans should be indemnity type and not service type."

The committee is of the opinion that certificates of insurance do state the allowances of the policy and it is their opinion that all policy holders should read what they have purchased as regards the indemnity type of insurance. This is the only type of insurance that has been approved by the Indiana State Medical Association.

Item 4: "The various health and medical benefit plans which unions now have in contracts with management are a form of strong-arm tactics. In rare cases only, are the local physicians or hospitals consulted about what is adequate or proper. A little time spent together by union officials, management and county medical society officials and hospital officers would improve mutual understanding as well as insurance plans. Only in such manner can adequate coverage be provided and good public relations take place. Too frequently union officials have adopted the position that it is none of the doctor's or hospital's business. We believe this is one of the principal causes of dissatisfaction both by the lay public and the medical and hospital professions. Adequate coverage is also the best preventive for enforced or government plans."

The committee approved of the principle of liaison with management and labor on health matters and is in entire accord with the principles of good public relations.

In view of the numerous items of various nature mentioned in this resolution, many with which the committee is not in agreement, and some of which the committee approves and in view of the fact that there are items that are duplicated

in other resolutions and they present problems which require further study, it is the recommendation of your committee that this resolution be referred to the standing committee on Medical Care Insurance and further opinion be reported back at the next meeting of the House of Delegates.

(On motion of Drs. Goodman and John M. Paris, this portion of the report was adopted.)

Next on the agenda was the discussion of *Resolution No. 2*, introduced by the Indianapolis Medical Society —Subject: Increased Insurance Payments for Medical Care.

## RESOLUTION NO. 2

Introduced by: INDIANAPOLIS MEDICAL SOCIETY

Subject: INCREASED INSURANCE PAYMENTS FOR MEDICAL CARE

WHEREAS, voluntary medical insurance plans have been accepted both by the public and physicians; and

WHEREAS, there are great inequities in this insurance for hospital medical care, medical care in surgical cases and recognition of consultant fees; and

WHEREAS, this House of Delegates passed a resolution in our last Annual Meeting in October, 1956, to recommend extended hospital medical benefits,

THEREFORE BE IT RESOLVED, in all hospital cases in which medical care is given, \$20.00 be allowed for the first day in the hospital, \$10.00 for the second day, \$5.00 for the next five days, and \$4.00 per day thereafter up to the terms of the contract, and if any surgical procedure be done on the case during the hospital stay this procedure shall be paid to the surgeon as per the schedule existing in the contract, in addition to the above medical fees, and

BE IT FURTHER RESOLVED, there shall be a separate claim form completed by each physician rendering patient care, and both the physician rendering the service and the patient shall sign each respective form, and

BE IT FURTHER RESOLVED, there shall be adequate compensation for a recognized consultant in any case having a genuine need for consultation and the fee for consultation shall be established as up to \$25.00 per consultation, and

BE IT FURTHER RESOLVED, that the Insurance Committee of the Indiana State Medical Association present a copy of this resolution to every insurance company writing medical care insurance in Indiana for their information and disposition, and

BE IT FURTHER RESOLVED, that the delegates of the Indianapolis Medical Society present this resolution to the House of Delegates of the Indiana State Medical Association for its approval.

## REFERENCE COMMITTEE ACTION

DR. HUBERT T. GOODMAN, chairman, presented the following report:

Paragraph 2: "WHEREAS, there are great inequities in this insurance for hospital medical care, medical care in surgical cases and recognition of consultant fees;"

It is recommended by the committee that the word "indemnity" be inserted between "consultant" and "fees".

(At this point Dr. Goodman read paragraphs 4 through 7.)

The committee has approved the first three paragraphs with the exception of one word inserted as explained above and recommends the deletion of the balance of the resolution and substituting therefor the following:

WHEREAS, the board of the Blue Shield has recently presented a plan which provides increased indemnity to groups at a nominal increase for medical care as follows:

(CHAIRMAN GOODMAN: I believe that the provisions of the Blue Shield Plan which give increased medical fees have been distributed around the room and I believe, in view of the importance of the resolution, that it won't take too long and I will go through it.)

"1. Blue Shield will pay for medical service only in hospitals, where such service is not connected with preparation for or aftercare of surgical or obstetrical cases, as follows: After one full day of confinement or at least 18 consecutive hours as a bed patient in a hospital under the advice of a physician, up to \$15.00 for the first day, \$10.00 for the second day, \$4.00 per day for the next eight (8) days and \$3.00 per day thereafter, on which one or more calls by a physician is made but for not more than a total of thirty (30) days for each hospital admission, provided that ninety (90) days must elapse between discharge and readmission for the same condition following each thirty (30) days of service used in one or more admissions; for the treatment of Pulmonary Tuberculosis, Venereal Disease, and Mental or Nervous Disorders, this benefit will be allowed for a total of thirty (30) days for each hospital admission, provided that one hundred and eighty (180) days must elapse between discharge and readmission for the same condition following each thirty (30) days of service used in one or more admissions.

2. Blue Shield will pay an amount not to exceed Fifteen Dollars (\$15.00) for one bedside consultation per hospital admission, where the condition of the member or dependent requires such service, and when such consultation is requested in writing by the doctor in charge of the case, a written report of the consultation is made, and a claim is filed for such services.

3. Blue Shield will pay for intensive medical care in a hospital on medical cases of such critical nature as to require continuous attendance of not less than four (4) hours of repeated visits, during a single twenty-four (24) hour period that would be the equivalent of four (4) continuous hours of attendance. This payment will be made to the doctor in charge of the case, or to a consultant, but not to both, and will be an additional sum which shall not exceed \$25.00 per hospital admission. Payment will be made for this intensive medical care only upon submission of

*Continued*



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1. Russek, H. I.: J. Am. Geriat. Soc. 4:877 (Sept.) 1956.

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such detailed information as may be required by Blue Shield."

DR. GOODMAN continued with the report of the Reference Committee on Insurance:

Now THEREFORE BE IT RESOLVED, that Blue Shield publicize this improved plan of increased Medical indemnities, promote the increased participation, and advise the doctor of these increased indemnities.

It is the opinion of the committee that the Blue Shield should be commended for its efforts to improve medical coverage and the committee believes that this will give a more realistic picture for medical indemnities. It must, however, be realized that the plan must be sold before the indemnities are in effect.

(Dr. Goodman's motion for the adoption of this portion of the report was seconded by Dr. Wendell C. Stover.)

### Discussion

DR. HENRY RUSCHE: I would like to ask a question for information. Maybe you can not answer it. If not, later on I will try to get the information. The phrase in Section 1 that says: "After one full day of confinement or at least 18 consecutive hours as a bed patient in a hospital", would that have the effect, say, you admit a patient at 3:00 o'clock in the afternoon with a coronary, this insurance does not take effect until the next day then?

CHAIRMAN GOODMAN: I would say offhand on that, Doctor, that, for all intents and purposes, for the people in this group—whoever bought this contract—that \$15.00 would apply just as in the standard contract under the same condition that the \$10.00 has applied. In other words, this is an improved policy, if the people are willing to buy it, and, instead of paying \$10.00, it is \$15.00.

PRESIDENT CLARKE: Any further question or discussion? Dr. Leffel?

DR. JAMES M. LEFFEL: Mr. President, it seems to me that while this is the start of solving a problem that has existed a long time, the way it is stated, in the first sentence, Division 1, "where such service is not connected with preparation for or after care of surgical or obstetrical cases", now, I would interpret that to mean that if somebody went into the hospital for a cholecystectomy and, after getting into the hospital, it was felt by the medical man that the patient should be digitalized, there would be no provision whatsoever for medical care of that patient until he or she was prepared adequately for surgery. I feel one of the reasons for the difficulties that have existed in this state, and all over the United States, about fees, the matter of charges and divisions and so forth, have come about because

there have not been adequate medical benefits and I don't see how this is in any way going to answer that problem. (Applause)

DR. MAURICE E. GLOCK: I think that for about ten years we have been pressing for more adequate medical coverage, and, as a medical man and as a member of the Blue Shield Board for a couple of years, that I probably was about as vociferous as anybody in trying to get some added coverage. If you will recall, every year this thing comes up, "Let's get better coverage," and nothing has been done. Certainly I am very happy that at least they have gone this far. I am told that Dr. Bernie Rosenak who is an internist on the present Board of Blue Shield, was the man that wrote this up. Of course I am not particularly satisfied but I am happy that something is being done.

I think you will find in another one of the resolutions that this problem of paying both the surgeon and the medical man on the case, where both services are required, is being asked to be studied by the Insurance Committee during the coming year. What you people have to realize is that we have no report whatsoever from the Insurance Committee this year. It was impossible for your Reference Committee to make up for a year's neglect, and I feel that this particular issue, as presented in another resolution which has not come up as yet, you will find has been referred for further study, for possible correction in the future. I think we should be glad that we are at least now getting some attention and it looks like something is going to be done.

PRESIDENT CLARKE: Anyone else?

CHAIRMAN GOODMAN: I would like to supplement what Dr. Glock has said. Insurance is a business matter. The company writes up a plan and offers certain indemnities. Now this House of Delegates this afternoon could vote \$50.00 for the first day, they could vote whatever they wanted to, but it would be a waste of effort to vote an impossible policy, when the House of Delegates votes that that is a mandate to the Blue Shield to write it up. Before we even considered this particular policy, we knew the men of the Association did want more money, but we asked Mr. Saylor about the matter: "What success have you had with this plan which has been out three months?" The success is not overwhelming. The Blue Shield or any company will sell any organization any type of coverage if the premium can be obtained. It is simply a business matter, where the Blue Shield, with actuarial facts, for a small amount of money, is going out and try and sell this. As Dr. Glock has stated, it is a forward step. I do not believe that we will ever answer any of these problems and I personally believe that these problems of fees and other matters will come up year after year with possibly no more solution. This does answer



the plan of the Indianapolis resolution to the point that it is an increase. Would this be acceptable overwhelmingly by the groups—which they have not done as yet—then we could look forward to say perhaps they would buy a better type policy since this is an advance over what we have had, namely, the 10-3-3 up to the thirty days. If the public wants that type of policy which may cover more than thirty days, they will gladly pay that premium. It is simply a matter of business. This was discussed. We know the figures are not what the resolution asked for, but there is only one place to date, I believe, one group that has fought this, but of course, effort will be made to sell more groups because the existence of Blue Shield depends on selling groups. I do assure all of you gentlemen that efforts were made to go into the facts to see the utmost that can be and we were reliably advised it is not easy for the Labor-Management to accept this on the care. I do assure you that your Insurance Committee not only gave it thought but spent considerable hours in so doing. Therefore, Mr. Chairman, I request adoption of this portion of the report. (Motion seconded by Dr. Wendell C. Stover, put to vote, and carried.)

DR. GOODMAN continued with the report of the Reference Committee on Insurance:

The next item on the agenda was *Resolution No. 3* introduced by the Indianapolis Medical Society. Subject: Simplification of Insurance Reporting Forms.

#### RESOLUTION No. 3

**Introduced by: INDIANAPOLIS MEDICAL SOCIETY**

**Subject: SIMPLIFICATION OF INSURANCE REPORTING FORMS**

WHEREAS, many claim forms for medical and surgical care to patients are too cumbersome and require too much detail and useless information;

AND WHEREAS, a simple and standard form giving essential information would be more acceptable to the medical profession;

THEREFORE BE IT RESOLVED, that this House of Delegates duly assembled does hereby recommend the simplification and standardization of all claim forms for medical and surgical care to patients; and

BE IT FURTHER RESOLVED, that a copy of this resolution as accepted be forwarded to all insurance carriers writing medical and surgical care insurance in this state for their information, and

BE IT FURTHER RESOLVED, that the delegates of the Indianapolis Medical Society present this resolution to the House of Delegates of the Indiana State Medical Association for its approval.

#### REFERENCE COMMITTEE ACTION

Paragraph 4. "BE IT FURTHER RESOLVED, that a copy of this resolution as accepted be forwarded to all insurance carriers writing medical and surgical care insurance in this state for their information, and"

The committee recommends that the above paragraph be deleted and the following be substituted:

"BE IT FURTHER RESOLVED, that the Standing Insurance Committee of the Indiana State Medical Association be instructed to prepare a simplified form during the year which might be acceptable to the insurance carriers and present the matter for approval to the next meeting of the House of Delegates."

The committee believes that this is a matter that is not easy of settlement and requires much work and study.

(Dr. Goodman's motion for adoption of this portion of the report was seconded by Dr. Claude D. Holmes, put to vote, and carried.)

DR. GOODMAN continued with the report of the Reference Committee on Insurance:

The next resolution on the agenda was *Resolution No. 4*, introduced by the Vigo County Medical Society. Subject: Broadening Health Insurance Benefits.

#### RESOLUTION No. 4

**Introduced by: VIGO COUNTY MEDICAL SOCIETY**

**Subject: BROADENING HEALTH INSURANCE BENEFITS**

WHEREAS, voluntary Medical Insurance Plans have been accepted both by the public and physicians, and

WHEREAS, there are great inequities in this insurance of hospital medical care, medical care in surgical cases and recognition of consultant fees, and

WHEREAS, there is no provision in present insurance contracts for separate payment of the attending physician for services he renders the patient for diagnostic work-up, assisting in surgery, and after care,

THEREFORE BE IT RESOLVED, reasonable and adequate compensation should be allowed to the attending physician for his services. This compensation should be paid in addition to any surgical fee.

BE IT FURTHER RESOLVED, there shall be separate claim form completed by each physician rendering patient care, and both the physician rendering the service and the patient shall sign each respective form, and

BE IT FURTHER RESOLVED, there shall be adequate compensation for a recognized consultant in any case having a genuine need for consultation, and

BE IT FURTHER RESOLVED, that the Insurance Committee of the Indiana State Medical Association present a copy of this resolution to every Insurance Company writing Medical Care Insurance in Indiana for their information and disposition, and

BE IT FURTHER RESOLVED, that the Delegates of the Vigo County Medical Society present this resolution to the House of Delegates of the Indiana State Medical Association for their approval.

#### REFERENCE COMMITTEE ACTION

It is the opinion of the committee that the inequities in indemnity for hospital medical care and recognition of consultant fees have been taken care

of under *Resolution No. 2*. Further, the committee is of the opinion that more study is mandatory concerning the problem of paying two or more physicians during the course of one hospitalization as outlined in the resolution.

The recent questionnaire of the I.S.M.A. should do much to furnish valuable information regarding such a study as will the recent survey of the Michigan State Medical Society.

It is the recommendation of the reference committee that the resolution should be turned over to the *Standing Committee on Insurance* and a report of its study and opinion be made available at the next meeting of the House of Delegates.

(Dr. Goodman's motion for adoption of this section of the report was seconded by Dr. Guy A. Owsley, put to vote, and carried.)

DR. GOODMAN continued with the report of the *Reference Committee on Insurance*:

The next item on the agenda *Resolution No. 12*, introduced by the Elkhart County Medical Association. Subject: Pilot Study of Medical Prepayment Plans on Regular Current Charges and without Fee Schedule.

RESOLUTION NO. 12

Introduced by: ELKHART COUNTY MEDICAL ASSOCIATION

Subject: PILOT STUDY OF PREPAYMENT PLANS ON REGULAR CURRENT CHARGES AND WITHOUT FEE SCHEDULE

WHEREAS, the medical profession has a definite interest in cooperating with whatever agencies may be available to accomplish the following purposes: (a) To suggest and develop whatever plan may be best adapted to keep medical service as one of the items of expense in modern living which should be provided for on the basis of individual initiative and responsibility; and (b) To assure with the greatest possible certainty that the entire public will have adequate medical service available; and,

WHEREAS, Blue Shield has been brought into existence by the medical profession as an instrumentality through which it may assist in the discharge of this two-fold responsibility of the profession; and the medical profession has such a relationship to Blue Shield that the profession is justified in making suggestions to Blue Shield which seem to the medical profession best calculated to assist in solving the problem of adequate medical care for the entire population upon the basis of individual responsibility rather than state medicine; and,

WHEREAS, the provision for medical care upon a prepayment basis in which payments for medical services are based upon fee schedules applicable over wide areas, disregards the following facts: First, That there are variations in the fees regularly charged as the going and recognized rates of charges for the services involved as between limited local community areas; and Second, That where an established fee schedule for an extended area is applied it has the effect in some instances of depressing the regular charges in a local area, if the rate in the local area is higher than the extensive fee schedule;

or of raising the regular local charges in the smaller areas if the schedule is lower; and,

WHEREAS, the amount of fees to be charged for medical services should be determined to a large extent by the facts in the local area in which the services are rendered, and physicians can generally be depended upon to fix their regular fees in accordance with the conditions of the area in which they practice, and therefore they should be entitled to receive for their services what would regularly be charged for such services generally by physicians in the area in which the services are rendered; and,

WHEREAS, one of the difficulties in planning and administering prepayment plans for medical service has developed from the unjustifiable lack of confidence that physicians will give proper consideration to all the factors involved in determining what is a reasonable, just and proper fee to be charged in each case; and,

WHEREAS, the time has come in the development of our civilization for the medical profession to demonstrate its comprehension of the economic facts of modern life and its dedication to the ethical requirements to which it should conform in fixing its fees; and,

WHEREAS, the vast majority of physicians are always eager to make their charges for their services such as can be justified upon every fact that ought to enter into the determination of the amount; and the physicians who do not fall into that group constitute only rare exceptions to the general rule, whose conduct the general profession could effectually correct and keep within the bounds of decent conduct in fixing fees; and

WHEREAS, we are convinced that the possibility exists of conducting a medical prepayment plan on the expectation that physicians will make reasonable charges for their services in their own communities, and that a prepayment plan for medical care could operate upon that basis; and we are further convinced that that possibility should be realized and become effective; and,

WHEREAS, industrial insurance companies have successfully operated insurance plans without a fee schedule; and,

WHEREAS, the most appropriate and dependable method of determining whether that possibility actually exists is to make a pilot study under conditions that would be generally typical of conditions throughout the State; and,

WHEREAS, the Elkhart County Medical Society has seriously and earnestly studied this entire problem and has come to the conclusion that it would like to suggest that a pilot study of the kind herein indicated be set up in Elkhart County through the Indiana Blue Shield as the prepayment plan with which the Society would work to explore the possibilities of a program under which Blue Shield would pay to physicians for their services the amounts regularly charged and billed by the physicians, so long as such charges did not violate the ideal of fairness in regard thereto that would be prevalent in the community in which the service is rendered;-

NOW, THEREFORE, BE IT RESOLVED That the Indiana State Medical Association hereby approves of the Elkhart County Medical Society undertaking to establish and set up in their county a pilot study plan in which Indiana Blue Shield will be invited to join and cooperate, with the plan to be upon the basis of the payment, by Blue Shield to physicians, of the regular charges made by physicians in the areas in which the services are rendered—but with the understanding that the County Medical Society will establish and maintain a committee to review the fees charged in any case in which it appears,



in the regular administration of the plan, that the charges are excessive in relation to the fees regularly charged in the area involved for the same services; and that the details for this plan be worked out between the authorized representatives of Blue Shield and of the Elkhart County Medical Society, and that the plan be put into operation if Blue Shield will consent to becoming a party to it.

AND BE IT FURTHER RESOLVED That a report be requested from the Elkhart County Medical Society and from Blue Shield, or from the two jointly if they can agree thereto, after the plan has been in operation long enough in the judgment of either the Society or Blue Shield to demonstrate the results of its operation, but in no event to be made later than at the next annual meeting of the House of Delegates.

AND BE IT ALSO RESOLVED That any other County Medical Society that desires to have a similar pilot study made in its County be encouraged to invite Indiana Blue Shield to join with such Society in conducting a similar pilot study plan.

#### REFERENCE COMMITTEE ACTION

Your committee spent considerable time in discussing this resolution and included in its study the experience of the State Medical Society of Wisconsin which has apparently made it workable. The committee believes that this plan has merit and recommends the resolution for approval to the House of Delegates.

(On motion of Drs. Goodman and Richard P. Good, this section of the report was adopted.)

In summary, the committee wishes to express

its appreciation to the members of the I.S.M.A. who attended the reference committee meeting and contributed valuable ideas. The matters of Voluntary Health Insurance are controversial and many matters cannot be decided at one meeting and will be difficult to decide in future meetings. We wish to assure you that all resolutions were given intensive study and much thought was given before a final opinion was decided.

I also wish to extend my personal thanks to the members of my committee who have signed the report: Dr. Maurice E. Glock, Dr. V. Earle Wiseman, and Dr. James F. Lewis.

Mr. Chairman, I move for the adoption of the report as a whole. (Motion seconded by Dr. John M. Paris, and carried.)

#### MATTERS REFERRED TO REFERENCE COMMITTEE ON MISCELLANEOUS BUSINESS

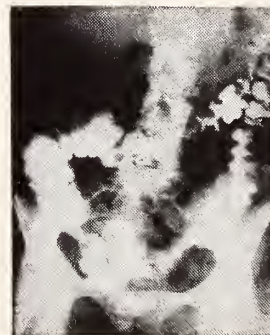
The following matters were referred to the *Reference Committee on Miscellaneous Business*. All reports will be found on the pages indicated in the September, 1957, Vol. 50, No. 9 JOURNAL of the Indiana State Medical Association. The resolutions introduced before the House and referred to this committee are printed herewith.

Report of Committee on Conference of County Medical Society Officers (page 1170)

*Continued*

when anxiety and tension "erupts" in the G. I. tract...

**in spastic  
and irritable colon**



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Committee on Convention Arrangements (no written report)  
 Committee on Indiana Inter-Professional Health Council (page 1206)  
 Committee on Military Manpower (page 1214)  
 Committee on Necrology (page 1214)  
 Committee on Veterans' Affairs (page 1225)  
 Liaison Committee with Indiana Association of Licensed Nursing Homes (pages 1207 and 1210)  
 Resolution No. 6. PUBLICATION PRACTICES OF THE JOURNAL OF THE A.M.A.  
 Resolution No. 16. BUILDING OF HEADQUARTERS OFFICE FOR I.S.M.A.

## REFERENCE COMMITTEE ACTION

DR. WALTER U. KENNEDY, chairman, presented the following report:

*The Committee on Miscellaneous Business reports:*

*Liaison Committee with Indiana Association of Licensed Nursing Homes.* The Committee is commended for its activity. It is recommended that it continue its observation of the working of the laws passed by the General Assembly of 1957, and make recommendations to the Nursing Home Advisory Council as seem desirable, and to that end to request permission to meet with the Council as observers.

CHAIRMAN KENNEDY: In explanation of that, the control of the Nursing Homes has been transferred from the Welfare Board to the State Board of Health by enactment in the last legislature and there has been set up an advisory council, and, in this recommendation here, we suggest they continue working with that Advisory Council and to request permission to meet with the Council as observers.

(Dr. Kennedy's motion for adoption of this portion of the report was seconded by Dr. John M. Paris, and carried.)

DR. KENNEDY continued with the report of the Reference Committee on Miscellaneous Business:

*Committee on Military Manpower.* The Doctors' Draft Law is dead. We therefore recommend this Committee on Military Manpower be discontinued. They deserve our thanks for their efficient service in the past seven years.

(On motion of Drs. Kennedy and J. E. Dudding, this portion of the report was adopted.)

*Committee on Veterans' Affairs.* This Committee has rendered substantial and even difficult service in supervising changes in the Veterans' Administration fee schedules. It is commended for its work and for its maintenance of pleasant relations with the Veterans' Administration.

CHAIRMAN KENNEDY: I think it only fair to say for this Committee that they have been very diligent in their conferences and negotiations with the Veterans' Administration and they have done a very big job and they have kept it up even in the last year. I am sure they deserve every com-

mendation we can give because they work for the good of all the doctors in the state.

(On motion of Drs. Kennedy and John M. Paris, this section of the report was adopted.)

DR. KENNEDY continued with the report of the *Reference Committee on Miscellaneous Business:*

*Committee on Conference of County Medical Society Officers.* Their recommendation was that the Spring Meeting be discontinued but that, in lieu thereof, the younger members just joining the Association be called together at these meetings for orientation in the methods and ideals of the profession. The Reference Committee recommends approval of the report of the Committee and its recommendation.

(Dr. Kennedy's motion for adoption of this section of the report was seconded by Dr. J. E. Dudding, and carried.)

## RESOLUTION NO. 6

Introduced by: VANDERBURGH COUNTY MEDICAL SOCIETY

Subject: PUBLICATION PRACTICES OF THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

WHEREAS, the American Medical Association is founded upon democratic ideals, and its structure, from the grass-roots county societies, through the state associations, to the House of Delegates and Board of Trustees, is in the true American tradition of democracy, and

WHEREAS, the equality of the rights and privileges of membership are guarded most zealously in the constant effort to uphold and perpetuate this tradition, and

WHEREAS, when death comes to a member, as a mark of respect, and as a means of emphasizing the true democracy of this great organization, the spirit of equality should carry over and prevail, as his passing is noted in Journal of the American Medical Association, and

WHEREAS, it is the editorial policy of the Journal to single out certain members for special mention in the obituary section regardless of alphabetical arrangement, and before the rank and file are listed in proper alphabetical order, now therefore,

BE IT RESOLVED, that the Vanderburgh County Medical Society is opposed to the present undemocratic arrangement of obituaries in the AMA Journal, and believes that all obituaries of deceased members should be listed in strict alphabetical order; that this resolution be introduced in the House of Delegates of the Indiana State Medical Association in October, 1957, and Indiana Delegates to the AMA be instructed to introduce this measure in the AMA House of Delegates at the interim session in December, 1957.

## REFERENCE COMMITTEE ACTION

*On Resolution No. 6, on listing obituaries in The JOURNAL of the A.M.A.,* it is recommended that action be deferred, as pending A.M.A. action indicates the matter will be solved.

(Dr. Kennedy's motion for adoption of this sec-

*Continued*



tion of the report was seconded by Dr. Charles P. Schneider, and carried.)

#### RESOLUTION NO. 16

**Introduced by:** SPECIAL BUILDING COMMITTEE, THROUGH THE COUNCIL  
**Subject:** BUILDING OF HEADQUARTERS OFFICE FOR I.S.M.A.

WHEREAS, the rapid growth of the activities of our Association during the past few years has created a critical housing problem, and

WHEREAS, the increasing growth in membership has also caused an increase in membership services, and the sum total of all these increases has brought about increase in personnel, and

WHEREAS, our Association is continually growing and expanding yet it is so located as to not be easily accessible to the members and

WHEREAS, our limited quarters make it impossible to hold our committee activities in our own quarters where records and information needed many times are readily available, and

WHEREAS, it is quite evident that in future years our Association will continue to expand in membership and activities

NOW THEREFORE BE IT RESOLVED, that the Council could recommend that the House of Delegates approve the construction of a building to house the Indiana State Medical Association and

BE IT FURTHER RESOLVED, that the appointment of a committee by the Council be authorized by the House of Delegates to select a site and develop plans looking toward the construction of a suitable building with the approval of the Council, and that the Council initiate studies for the financing of this project, and

BE IT FURTHER RESOLVED, that such a building should be in keeping with the prestige of the profession, it shall be functional, accessible by car to all members, have ample parking space, have meeting space for the committees and Council of the Association, and contain additional space which might be leased to suitable allied professional groups to help defray the maintenance and original costs.

#### REFERENCE COMMITTEE ACTION

*On Resolution No. 16*, concerning a building to house the State Association, the proposals of the Resolution are too general for definite recommendation. The Committee recommends that the matter be returned to the Council for continued investigation and consideration, and that it be directed to report its further recommendations at the next Annual Meeting of the Association and, if reported favorably, to accompany such report by definite proposals for consideration by the House of Delegates.

(Dr. Kennedy's motion for adoption of this portion of the report was seconded by Dr. Harry P. Ross.)

#### Discussion

DR. GUY A. OWSLEY: Mr. President, I would like to thank Dr. Kennedy and members of his committee for the courtesy extended me in testifying for the committee regarding this resolution, which was read to the House at the first meeting. (Reads resolution.)

Now, if the language of the Reference Commit-

tee is accepted by this House, it will postpone action for another year unless the Council calls the House of Delegates to a special session.

The Council, the Executive Committee, and the Building Committee have studied this situation for the last several months and have brought this recommendation to the House. The proposition presented in the resolution is that we get action. In other words, if we wait another year a site might go by the board and the Council, if it is not authorized to select a site as it develops, if one does, would be forced to wait either until we had a special meeting of the House of Delegates or until next year.

Therefore, Mr. President, I wish to amend the report of this Reference Committee and substitute the original resolution for the recommendation of the Reference Committee. (Motion seconded by Drs. John M. Paris and P. J. Rosenbloom.)

PRESIDENT CLARKE: Any discussion on the amendment?

DR. HENRY RUSCHE: Mr. President, I think this is a pretty big step for us and demands a lot of study. Also it should have the consideration of the membership as a whole and not just the delegates here. I believe the Reference Committee's original proposal—to set up a separate committee to study it and bring back definite plans with cost estimates, possibly rough blueprints and other details, along with the possible cost of maintenance, how much revenue we can derive out of it to offset this maintenance, and other things like that—is certainly in order before we might approve anything.

DR. WILLIAM R. TROUTWINE: I would like to ask two or three questions before we proceed too much further. One is, I understand that our lease on our present place is up fairly soon. The second thing is that I understand there has been a place selected for possible sites for new buildings. Now I just want to know if I am right on some of these points. I would like to have Dr. Owsley answer these points.

Third, do we have any land? Do you have an option on it? How much is it going to be and what other derivations can we get out of this property, or rentals?

It seems to me we are going to have to have some place and pretty darn soon or we are going to be out in the cold and we can't wait a year or two years. Costs are going up.

PRESIDENT CLARKE: Dr. Owsley, maybe you can answer some of the questions.

DR. OWSLEY: Mr. President, naturally it is difficult to draw any plans unless one has a place to put the building. About the only thing we are asking in this resolution is authorization to proceed in getting a site for the building. It might be three or four years before the building is constructed because it takes time. But sites present themselves, don't wait, and the point about it is, if the Council is hamstrung so far as procuring a site,

it will necessitate maybe waiting until the next session of the House of Delegates and then the proper site would be gone. There is no way to procure a site unless the Council, acting for the House of Delegates, as it does, is empowered to go ahead and try to find one.

Now, as far as plans for the building, that is going to be a long-time proposition. We are hoping, for example, that allied organizations, such as the Nurses' Association, the Dental Association, the Pharmaceutical Association, might help us amortize the cost of this building. If there is any idea that anyone might have that we are going to use our "nest egg" for this building, completely, that idea should be dispelled, because nobody has any notion about that. But the survey that was completed showed that twenty-five states either owned their own building or were in the process of building and all of them are very happy with the situation and, with us a prosperous state organization, it seems to me that we shouldn't dilly-dally about procurement of a site, and that is all that is involved in this resolution.

PRESIDENT CLARKE: Any further comment?

DR. JAMES W. CRAIN: I don't believe Dr. Troutwine ever got an answer to the question, "Has this Council a site in mind at the present time? Has any exploration been done into the subject?" If so, can this House know what exploration has taken place?

DR. OWSLEY: There is a site in mind, yes. Dr. Sicks has investigated several sites in Indianapolis, but it was generally agreed that the site, if possible, should be near the Medical School. The Lake County group brought in a very good suggestion concerning this. We all know that many of our medical students and recent graduates do not know as much about organized medicine as they should and this would offer a site close by where they might even be given jobs, some of them, and the areas around the Medical School have been the ones thought of and considered as the probable sites.

I might mention in this connection that the area from the University to Blake Street, that is the fifth street up east of the stop light, and clear through from Michigan to the City Hospital is going to be condemned by the Redevelopment Commission of Indianapolis and it is entirely possible—and this is one of the reasons for asking that we be empowered to procure a site, it is entirely possible that if this is condemned within a very short time we could pick up the property near the Medical School for a reasonable price. For your information, much front footage in Indianapolis has gone sky high, on North Meridian Street, for example, and, while no particular site has been decided upon, it is hoped by everyone who has been interested in this problem that it could be located near the Medical School.

Does that answer your question, Dr. Troutwine?

DR. TROUTWINE: Most of it.

DR. OWSLEY: Anything else while I am here?

DR. O. W. SICKS: About the lease, I think he wants to know.

DR. OWSLEY: No, no lease or option has been secured on anything.

DR. SICKS: The Hume-Mansur Building is being sold or has been sold and we expect a doubling of our rent at our present location.

DR. OWSLEY: Besides that, unless we can get an office where a doctor is moving out soon, there just isn't room for the people in the central office now. It is almost impossible to work there.

Any other questions while I am here and I might be able to answer them? We are only asking to "get the show on the road" so that, when a site does present itself we can act. If necessary, if we feel that we need to complete the contract, of course the House of Delegates would be asked to come into session anyway, but, to postpone for a year, I think we all understand might let a good site go by without power to do anything about it.

PRESIDENT CLARKE: Anything else?

DR. RUSCHE: I would like to say to the doctor that, if I created any misunderstanding by my previous statement, you now have me straightened out that it is not on the building you wish to proceed, but just the site. I have no objection to the site.

DR. OWSLEY: It will take a long time to develop plans for that.

DR. RUSCHE: I thought perhaps you had them already.

DR. CLAUDE D. HOLMES: I think there are two good and sufficient reasons why we should consider this an emergency question. The quarters we have in the Hume-Mansur Building now are entirely too small, they are not workable and, if an emergency came along—we may not be at war like the speaker said to us yesterday afternoon, but, if war should come along, we would then have the added expense of getting quarters for expansion of the state office. It seems to me it is urgent that we follow the suggestion of getting something done and getting the ball rolling now rather than wait until the time has gone by when we can choose what we would like to have. There should be space for doctors coming in to park somewhere near the place and adequate space for the office. It should be a matter of emergency and we should authorize such agency as may be necessary now.

(Dr. Owsley's motion "to amend the report of this Reference Committee and substitute the original resolution for the recommendation of the Reference Committee, seconded by Drs. Paris and Rosenbloom, was put to vote, and carried.)

#### REFERENCE COMMITTEE ACTION

CHAIRMAN KENNEDY: I now move you the adoption of the report, as amended, as a whole. (Motion seconded by Dr. Maurice E. Glock, and others, and carried.)



## ELECTION OF OFFICERS

The following officers were elected:

President-elect: KENNETH L. OLSON, M.D.,  
South Bend

Treasurer: OKLA W. SICKS, M.D., Indianapolis  
Assistant Treasurer: RICHARD P. GOOD, M.D.,  
Kokomo

AMA delegate to fill unexpired term, ending December 31, 1958, of Dr. Cleon A. Nafe, Indianapolis, who is now a member of the Board of Trustees of the American Medical Association:

EARL W. MERICLE, M.D., Indianapolis

AMA alternate delegate to replace Earl W. Mericle, M.D., formerly an alternate delegate, for the term ending December 31, 1958:

J. WILLIAM WRIGHT, SR., M.D., Indianapolis

AMA delegates and alternates for term expiring December 31, 1959:

### *Delegates:*

GORDON B. WILDER, M.D., Anderson  
WENDELL C. STOVER, M.D., Boonville

### *Alternates:*

WALTER L. PORTEUS, M.D., Franklin  
JOHN M. PARIS, M.D., New Albany

*Councilors* were reported elected as follows, for the three-year term expiring December 31, 1960:

Second District—to succeed J. H. Crowder, M.D., Sullivan. No report.

Fifth District—to succeed M. C. Topping, M.D., Terre Haute. Robert K. Webster, M.D., Brazil, elected.

Eighth District—to succeed Guy A. Owsley, M.D., Hartford City. Dr. Owsley re-elected.

Eleventh District—to succeed Max R. Adams, M.D., Flora. Dr. Adams re-elected.

## ADDRESS OF PRESIDENT-ELECT OLSON

PRESIDENT-ELECT KENNETH L. OLSON: It is indeed a great pleasure to be here and to be elected to this office. I certainly want to express my appreciation for this honor that you have bestowed upon me in electing me to the office of President-elect. I humbly accept this challenge and hope that I will be worthy of your trust. I will, of course, do the best that I can for the doctors of Indiana and will need and ask for the help and guidance of many of you during my term of office. As you know, any successful project requires the cooperation of many; it is not a result of any one individual.

At this time I would like to thank my own delegation for the support and confidence and help that they put forth in behalf of my candidacy, and I would also like to thank all of my friends throughout the state for their confidence and help during this convention.

I will support President Topping in anything that he asks me to do, so that I may learn, and know duties of the office of President, when I assume that office. Thank you very much. (Applause.)

## PLACE OF 1959 ANNUAL CONVENTION

On motion of Drs. John M. Paris and P. T. Lamey, the invitation extended by Dr. Ivan A. Clarke (Orange county) to hold the 1959 annual convention at the French Lick-Sheraton Hotel, French Lick, Indiana, was accepted.

## GREETINGS TO DR. CHARLES N. COMBS

The chairman announced that Dr. Charles N. Combs, Terre Haute, past president of the Association was ill and in the hospital. "In fifty years I believe this is the first House of Delegates meeting that Dr. Combs has missed, except possibly one year during the war when he was in service. That is quite a record, and I would like to entertain a motion that we send him a greeting, to show him we are cognizant of that fact." (Moved by Dr. Harry P. Ross, seconded by many, and carried.)

## RESOLUTIONS OF APPRECIATION

The following resolution, presented by Dr. Harold C. Ochsner, was adopted on motion of Drs. Ochsner and John M. Paris:

### Appreciation of Exhibitors

WHEREAS, the exhibitors of the 108th annual session have performed an outstanding contribution to this meeting, and

WHEREAS, the calibre of exhibits has been high in both the technical and scientific fields, and

WHEREAS, the technical exhibitors have made it possible for this meeting to be conducted without a registration fee, now

THEREFORE BE IT RESOLVED, that this House of Delegates express its sincere appreciation to all exhibitors and exhibit personnel for their cooperation and work in making this meeting a successful one.

DR. PAUL R. TINDALL presented the following resolution, which was adopted on motion of Dr. Tindall, seconded by Dr. Claude D. Holmes:

### Appreciation of French Lick-Sheraton Hotel and Employees

WHEREAS, this marks the fiftieth anniversary of the first convention of the Indiana State Medical Association held in French Lick, and

WHEREAS, over this period of time many changes have been brought about, and

WHEREAS, marked improvement in the facilities and services of the hotel have especially been noted this year, now

THEREFORE BE IT RESOLVED, that this House of Delegates express its appreciation to the management and employees of the French Lick-Sheraton Hotel for their excellent cooperation in making this meeting a success.

DR. DENNIS S. MEGENHARDT presented the following resolution, which was adopted on motion of Dr. Megenhardt, seconded by Dr. J. E. Dudding:

### Appreciation of Press

WHEREAS, the 108th annual session of this House of Delegates has witnessed a high quality of reporting by those representing the press, and

WHEREAS, the coverage of this meeting has been extensive, and capably done by Jeane Jones Jell of

the Indianapolis Times and Fremont Power of the Indianapolis News, now

THEREFORE BE IT RESOLVED, that these reporters receive the appreciation of this House and that their newspapers be advised of their fine work.

DR. HARRY E. MURPHY presented the following resolution, which was adopted by acclamation:

Appreciation of Retiring President

WHEREAS, Elton R. Clarke has unselfishly devoted his energies to the interest of the public and to the members of the Indiana State Medical Association, and

WHEREAS, during his tenure in this high office he has worked devotedly to further the high ideals and traditions of the medical profession, and

WHEREAS, his efforts have been fruitful in bringing about a better understanding among all,

NOW THEREFORE BE IT RESOLVED, that this House of Delegates spread on the records their sincere thanks for a job well done and express their appreciation for his unswerving loyalty to the tenets of this high office, and

BE IT FURTHER RESOLVED, that in adopting this resolution it be done by a standing vote. (Rising applause.)

Appreciation of Vanderburgh County Medical Society Auxiliary

DR. WENDELL C. STOVER: Mr. President, I would like for this House of Delegates to go on record as voting, by a rising vote, our thanks to the Vanderburgh County Medical Society Auxiliary for that fine performance they put on the other night. (Motion seconded by many delegates. Rising applause.)

Appreciation of Officers, Members, and Staff

J. A. WAGGENER, executive secretary: At this time I wish to express my personal appreciation to all of the officers and members of the Association and to the staff for the splendid cooperation during the past year. (Applause.)

ADJOURNMENT

The House of Delegates adjourned, sine die, at 4:40 p. m., Wednesday, October 9, 1957.

INDIANA STATE MEDICAL ASSOCIATION

EXECUTIVE COMMITTEE

November 2, 1957

Roll call showed the following present: E. H. Clauser, M.D., chairman; Don E. Wood, M.D.; M. C. Topping, M.D.; Guy A. Owsley, M.D.; O. W. Sicks, M.D.

Frank B. Ramsey, M.D., editor of The JOURNAL; Albert Stump, attorney; James A. Waggener, executive secretary.

Membership Report

Number of members, October 31, 1957	4,118*
Number of members, October 31, 1956	4,037
Gain over last year	81
Number of members, December 31, 1956	4,049

- \* Includes 91 in military service (gratis)
  - 157—\$10 members (residents and interns)
  - 291—senior members
  - 71—members, dues remitted by Council
  - 1—honorary member

Number who have paid AMA dues:	
October, 1957	3,950**
October, 1956	3,856
Gain	94

- \*\* Includes 651 exempt members (gratis)
  - 410 prior to 1/1/57
  - 241 so far this year

Additional AMA members needed to give Indiana another delegate 51

Medicare

The secretary reported on the monthly billings for Medicare since the beginning of its operation.

Treasurer's Office

Dr. Sicks reported that in carrying out the instructions of the Committee, he had arranged a loan in the sum of \$75,000.00 to cover the operation of the Medicare program, further explaining that

the motion of the Committee on October 6 was not too clear and he would appreciate a clarification of the motion regarding the establishment of the Medicare fund. Upon motion of Drs. Topping and Wood, the motion authorizing the treasurer to establish a fund to finance Medicare was amended to read "including pledging of our government bonds as collateral."

On motion of Drs. Owsley and Wood the secretary was instructed to attempt to collect a reimbursement of the interest charges from the government.

On motion of Drs. Topping and Owsley, the Committee voted to approve the treasurer's action in implementing the Medicare contract.

Headquarters Office

Personnel matters brought before the Committee were approved by consent.

The purchase of the Gestetner duplicating equipment at a cost of \$829.50 was approved on motion of Drs. Sicks and Owsley.

Legislative Matters

National. The secretary asked the opinion of the Committee as to what the Association should do relative to the forthcoming meeting of the Chamber of Commerce in Washington, D. C., calling attention to the fact that in the past two years we have held a dinner meeting for the delegation from Indiana and their secretarial staff, in addition to participating in the Chamber of Commerce dinner. Upon motion of Drs. Wood and Topping it was moved that the Association would repeat this again in 1958.

Dr. Wood talked further to the Committee regarding H. R. 9467.

Local. Dr. Wood called attention to the recent publicity regarding the chiropractic group's efforts in the 1959 session to again obtain legislation



establishing a separate board of chiropractic examiners.

**Medical Board Funds.** The resolution adopted by the House of Delegates and a review of the problem of the Medical Board in obtaining funds for operation was discussed by Dr. Wood, and on motion of Drs. Owsley and Topping the secretary was instructed to send a copy of the resolution to all other groups involved and see if they would be willing to undertake a study of this problem.

**Health Insurance.** The secretary reported on the meeting called by the Indiana State Chamber of Commerce at which time Senator Townsend, chairman of the Legislative Study Committee on Health Insurance, reported, and upon motion of Drs. Wood and Topping this matter is to be referred to the appropriate committee with a recommendation that they make a survey and obtain the facts.

#### Organization Matters

**Reuther Address.** A communication from Blue Shield of an address prepared by Walter Reuther for delivery before the House of Delegates of the Michigan State Medical Society was presented to the Committee with the suggestion that Blue Shield would pay for the expense of duplicating these remarks if the Association felt they should be distributed. Upon motion of Drs. Wood and Topping, the editor of The JOURNAL was asked to make a synopsis of the remarks for publication in The JOURNAL, rather than distributing the full text to all of the physicians.

**VA Fee Schedule.** A letter from Dr. James W. Crain, making certain suggestions regarding changes in the VA fee schedule, was read, and upon motion of Drs. Topping and Wood it was voted that the Association attempt to carry out Dr. Crain's suggestions.

**Asian Flu Vaccine.** A letter from the Jefferson-Switzerland County Medical Society regarding the resolution which had been adopted on the Asian flu vaccine program was read and by consent the secretary was instructed to send to the society the action of the House of Delegates and a copy of the resolution adopted by the House on this subject.

A letter from the Indiana Vocational Rehabilitation Planning Committee was presented, in which they sought approval of the Association of the aims and purposes of the Council on Rehabilitation, was approved on motion of Drs. Owsley and Topping.

#### New Business

Dr. Owsley reported the progress on the building program for the Association.

#### The Journal

Dr. Ramsey reported on The JOURNAL editorial conference held in Chicago.

#### Future Meetings

**AMA interim session,** Philadelphia, December 3 to 6, 1957. The operation of a headquarters hospitality suite for the AMA interim session at Philadelphia was approved on motion of Drs. Wood and Topping.

**AMA annual session,** San Francisco, June 22-27,

1958. Proposed tour to San Francisco and a post-convention tour to Honolulu, sponsored by the Association, was approved on motion of Drs. Topping and Owsley.

On motion of Drs. Wood and Owsley, the president and the secretary are to attend a meeting in Minneapolis on November 22 of the states using Wisconsin services for Medicare.

The Committee selected the date of January 18, 1958, at 3:00 p.m., as the time for the annual meeting of the Budget Committee.

There being no further business the Committee adjourned to meet again at 3:00 p.m., Wednesday, December 11, 1957, at the Student Union Building.

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### MINUTES OF SPECIAL MEETING OF THE COUNCIL OF THE INDIANA STATE MEDICAL ASSOCIATION, HELD SUNDAY, NOVEMBER 3, 1957, IN THE CONFERENCE ROOM, STUDENT UNION BUILDING, I. U. MEDICAL CENTER, INDIANAPOLIS, INDIANA

Meeting called to order at 10:30 a.m. by the chairman, Dr. Guy A. Owsley.

Roll call showed the following present:

<i>District</i>	<i>Represented by:</i>
1	William B. Challman, Mount Vernon, councilor
2	Not represented
3	Not represented
4	J. E. Dudding, Hope, councilor
5	Not represented
6	Harry P. Ross, Richmond, councilor
7	Ralph Everly, Indianapolis, councilor
8	Guy A. Owsley, Muncie, chairman of Council
9	Kenneth O. Neumann, Lafayette, councilor
10	Ralph C. Eades, Valparaiso, alternate councilor
11	Max R. Adams, Flora, councilor
12	Maurice E. Glock, Fort Wayne, councilor
13	G. O. Larson, LaPorte, councilor

**Officers:** M. C. Topping, Terre Haute, president  
O. W. Sicks, Indianapolis, treasurer

**Guests:** E. H. Clauser, Muncie, chairman, Executive Committee  
Don E. Wood, Indianapolis, member, Executive Committee  
John D. VanNuys, Indianapolis, dean, Indiana University School of Medicine  
A. W. Cavins, Terre Haute, associate editor, The JOURNAL  
James A. Waggener, executive secretary  
Robert J. Amick, field secretary  
Wayne Worick, field secretary

The chairman explained the purpose of the meeting was to implement the action of the House of Delegates in adopting the Council's resolution for the building of an office building for the Association. The secretary was requested to read a letter

*Continued*



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## Special Meeting of Council (continued)

from Robert Hollowell, legal counsel. The letter is as follows:

"In regard to the legal ability of Indiana University to transfer a parcel of ground to the Indiana State Medical Association, I submit the following:

"Indiana University is one of three institutions which it is very difficult to classify legally as to its relationship with the sovereign State of Indiana. In my opinion it is not a Department of State Government. In certain aspects it is a private institution, but also has public attributes and has tax support. There have been decisions of the Supreme Court and Attorney General's opinion on this situation.

"It was for these reasons that when I wrote the Fiscal Reorganization Bill, which was passed in 1947, that Indiana University was excluded from its provisions, and therefore the Board of Public Works and Supply does not have jurisdiction over its real estate.

"Its real estate is primarily held in two different ways. Certain parcels are in the name of the Trustees of Indiana University. Others are in the name of the State of Indiana for the use and benefit of Indiana University.

"I have had a fairly full discussion of the matter with Mr. Snyder, who is attorney for Indiana University, and we are both of the opinion that if an agreement can be reached between the Association on the one hand, and the Board of Trustees of Indiana University and the Governor on the other, that there will be no insurmountable obstacles to making transfer of title.

"There are certain tracts of real estate held by the University which were transferred to it by testamentary devise or by gift, which may be in a different situation and would be controlled by the terms of the instrument transferring the particular tract of ground. However, I do not believe this would apply to any tract under consideration.

"Without going into the details of the mechanics involved or the rules of law applicable, I feel safe in saying that should an agreement be arrived at, as above mentioned, that Mr. Snyder and I will be able to work out a proper legal method of transferring the title.

"Mr. Snyder also said he thought the trustees would want some kind of provision to protect them should the Association decide to abandon or sell the property."

The chairman then called upon Dr. VanNuys to tell the Council of any proposal the University might have to offer, and announced that the Council would act as a committee of the whole for the purpose of carrying out the intent of the resolution.

Dr. VanNuys explained the possibility of the Association constructing their office building in the vicinity of the Medical Center had met with

the wholehearted approval of University officials, and they were anxious to do everything possible to make the Medical Center location attractive to the Association.

The University is of the opinion that the following could be done:

- (1) Deed to the Indiana State Medical Association necessary land for the construction of the building;
- (2) The price would be in line with the original purchase price;
- (3) There could be no long-term lease of the ground; it would necessarily have to be an outright transfer of title;
- (4) The University would insist on a protection clause in the transfer to the effect that if at any time in the future the Association might abandon the property, the University would have the prior right of acquiring the property;
- (5) The University would recommend that the site be close to the Student Union Building.

Several sites were presented for consideration by the Council and the Council as a body walked over the campus and viewed the various sites.

After viewing all the proposed sites, by unanimous consent the Council voted to acquire the site at the corner of West Michigan and Limestone streets, immediately west of Ball Residence and south of the Student Union Building.

In further discussion of this location, Dr. VanNuys stated the Association building could be connected by tunnel with the Student Union Building and thereby to all the other buildings on the campus. It was also stated that the University could furnish heat and utilities for the Association on a metered basis.

The chairman then polled the Council individually on the following questions relating to financing the construction:

### SHOULD WE DIP INTO OUR RESERVES? HOW MUCH?

The poll was unanimous that we should use some of our reserves with only two indicating the amount. Dr. Glock was of the opinion that sufficient reserves should be used for the purpose of purchasing the ground and get the project going. Dr. Topping stated he felt we could use as much as fifty per cent of the reserves but in any event sufficient funds for the purchase of land, architect's fees and preparation should be used.

### INCREASE DUES \$5.00 PER YEAR FOR BUILDING FUND?

Stating they believed this was feasible were Drs. Dudding, Larson, Challman, Eades and Ross. Stating they would be opposed were Drs. Topping, Neumann and Adams. Dr. Glock stated he was doubtful about the acceptance of a dues increase. Dr. Challman commented that if there was opposition the idea of splitting the \$10 dues increase



between a building fund and AMEF should be investigated. Dr. Topping commented further that a dues increase might be acceptable if it would become an apparent necessity. Dr. Ross commented that all other means should be thoroughly investigated before a dues increase was proposed. Dr. Topping stated he felt the membership would accept a one-time assessment for a building, rather than a dues increase.

### EXPLORE THE POSSIBILITY OF BUILDING A BUILDING WITH BLUE SHIELD?

The poll on this question showed that opinion was unanimous that this should not be done.

### POPULAR SUBSCRIPTION— WOULD IT BE WORTHWHILE TRYING?

Comments on this question were individual. Ross, serious doubt; Glock, yes, and Council could start by being the first to make a pledge; Dudding, no; Larson, yes; Everly, wouldn't hurt, but doubtful; Challman, would probably not raise much money, but the idea should be left open; Eades, in general the idea is good; Topping, a good idea, but do not think a memorial should be the idea; Neumann, try, but doubt results; Adams, doubtful about results; Sicks, I will be willing to start it with \$100.00.

### SHOULD WE THINK ABOUT ISSUING BONDS AT A REGULAR RATE OF INTEREST AND OFFER THEM TO OUR MEMBERSHIP?

Polling the members on this question, there was unanimous feeling this would be a worthwhile undertaking. Comments were made that if this idea was successful there would be no necessity for using any of the other ideas. Dr. Ross stated a limit should be placed upon the number of bonds any one individual could purchase, and this was accepted by consent. It was suggested that any bond issue should carry an interest rate of four and one-half per cent.

Upon motion of Drs. Dudding and Eades, the executive secretary was instructed to immediately explore the possibility of the allied professional groups becoming renters in a building, and to determine the approximate amount of floor space they would need. The groups to be contacted are: Dental Association, Pharmaceutical Association, Hospital Association, Nurses Association, and the Riley Memorial Association.

Upon motion of Drs. Challman and Eades, the Council authorized the treasurer, Dr. Sicks, to provide funds by cashing bonds, using bonds as collateral for a loan, or to use general funds in an amount up to \$50,000.00 for the purpose of implementing the purposes of the resolution adopted October 9, 1957, by the House of Delegates, the

money to be used for the purchase of the site and architect's drawings.

Upon motion of Drs. Larson and Challman, the treasurer and the executive secretary were directed to employ a real estate consultant to help determine going costs of rents and to help determine whether it is feasible to build a building for rental purposes.

Upon motion of Drs. Challman and Larson the treasurer was directed to negotiate and obtain, if possible, for building purposes, the Michigan Street site immediately west of Ball Residence and east of the Board of Health building as first choice, and the second choice to be the site known as Winona Village, and to employ consulting architects.

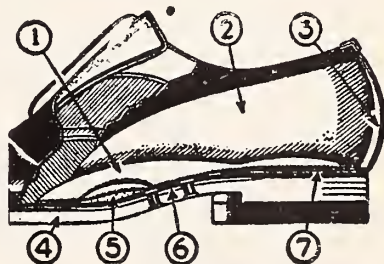
It was suggested that it might be well to use the same architects used by the University who are familiar with the planning for the Medical Center area. Dr. VanNuys is to check to determine this possibility.

There being no further business, the Council adjourned to meet again in regular session at 10:00 a.m., Sunday, January 19, 1958.

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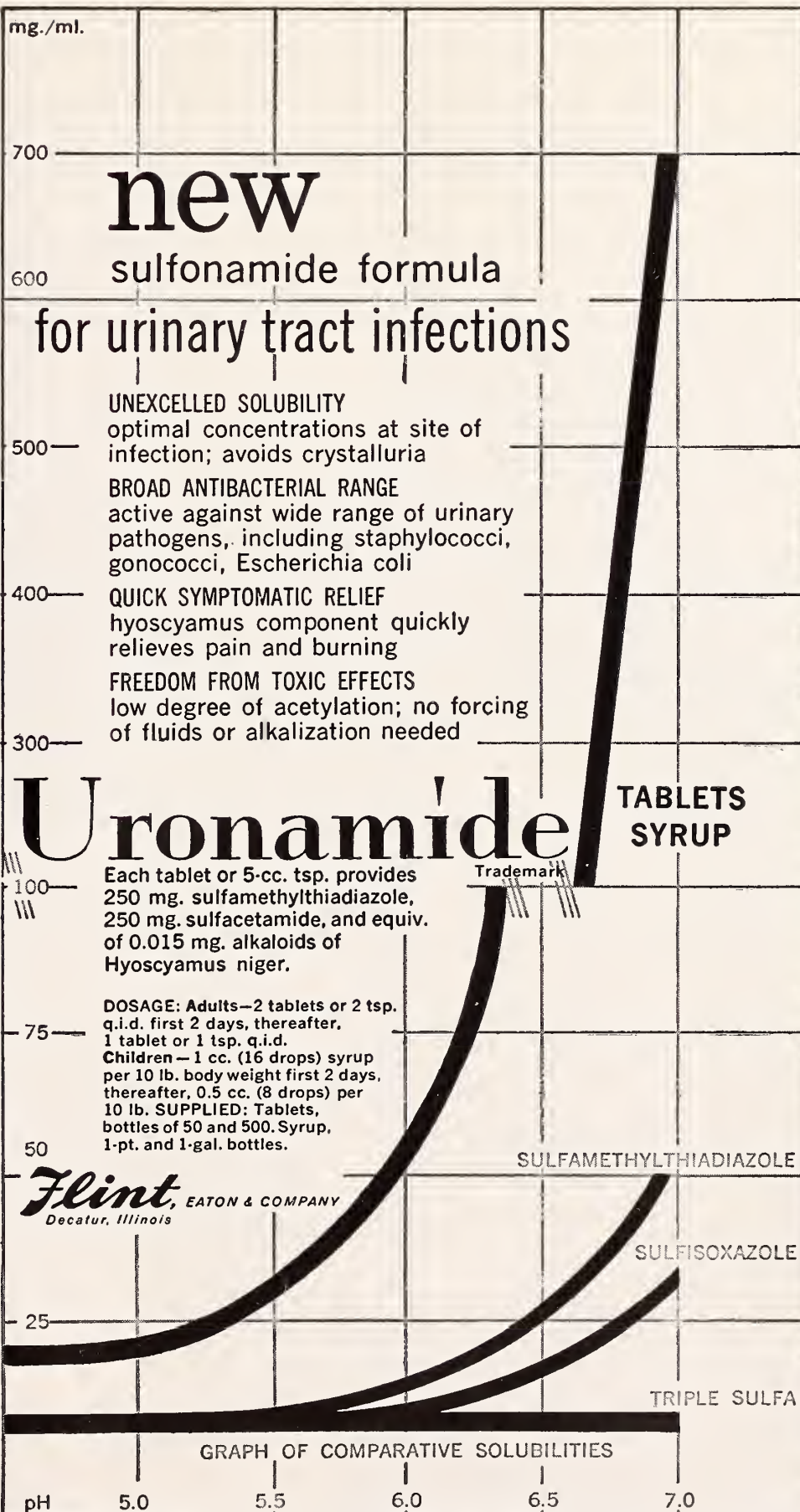
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1. Hughes, J., et al.: *South. M. J.* 47:1082, 1954.  
2. Kerley, L., and Headlee, C. P.: *J. Am. Pharm. A. (Scient. Ed.)* 48:82, 1956



# Convention Views

Random snapshots taken at French Lick during the 1957 convention show a Science Fair winner and his exhibit; ISMA President Clarke and Mrs. Clarke with President-elect Topping and Mrs. Topping at the Clarke's reception; former ISMA and AMA president, R. L. Sensenich; Dr. A. K. Harcourt and Dr. W. P. Moenning visiting before a scientific meeting; scientific exhibit; Drs. Topping and Crowder; exhibit of Committee on Medical Education and Hospitals.







## Dr. K. L. Olson Named President-Elect

Dr. Kenneth L. Olson, South Bend radiologist, is pictured above as he spoke briefly at the final meeting of the House of Delegates at the 108th annual convention of Indiana State Medical Association. He had just been named president-elect of ISMA and will assume the presidency at the 1958 convention in Indianapolis.

Dr. Olson served on the ISMA Council from 1949 through 1956 and was chairman in 1955. He has been a member of several state committees and was chairman of the Committee on Physician-Hospital Relations in 1953.

Born in Hennepin, Minnesota on December 4, 1906, Dr. Olson received his medical degree from the University of Minnesota Medical School in 1932. He served his internship at University of

Minnesota Hospitals, Minneapolis, in 1932-33, and had a teaching fellowship there from 1939-1942. In 1942 he was certified by the American Board of Radiology and established his practice in South Bend.

Dr. Olson is on the staffs of Memorial Hospital, South Bend; Northern Indiana Children's Hospital, South Bend; Elkhart General Hospital, Parkview Hospital, Plymouth; and is radiological consultant at Healthwin Tuberculosis Hospital, South Bend.

He is married and has three children. The family residence is at 1228 East Woodside, South Bend.

## The Journal Celebrates

Using the theme "50 Years of Progress," the booth of The JOURNAL of the Indiana State Medical Association displayed Volume I, which made its appearance 50 years ago, and the latest issue of Volume 50. Advertisements from the first and last JOURNALS were posted and attracted an unusual amount of attention throughout the convention.

Photographs of the three editors who have served during the 50-year span—Drs. Albert E. Bulson, Jr., Fort Wayne, E. M. Shanklin, Hammond, and Frank B. Ramsey, Indianapolis, centered one wall. Focal point of the booth was a hanging scroll of gold cloth announcing the Golden Anniversary of The JOURNAL.

## Editorial Board Lunch

Pictured left to right are Drs. Samuel R. Mercer, Alex W. Cavins, Frank B. Ramsey, Irvin W. Wilkins, Lall G. Montgomery and Mrs. Jeanne S. Grover during the Tuesday noon business meeting of The JOURNAL Editorial Board.







## Good Golfing

Weather was perfect during the ISMA convention and both courses at the French Lick-Sheraton were in constant use. Photographs show physicians and Auxiliary members ready for the game.

Winners of the annual ISMA tournament were: **LOW GROSS**—1st, William Ritchie, score 73; 2nd, Boyd Burkhardt, 75; 3rd, M. B. Gossard, 76; 4th, John Carney, 77. **LOW NET**—1st, H. J. Rietman, score 66; 2nd, John Niel, 67; 3rd, Bob Meyers, 68; 4th, R. A. Royster, 70.

**BLIND BOGEY** (1st through 7th places)—Don Painter, Paul Littlefield, George Buckner, Don Somers, John Phillips, Jim Browning, R. C. Minczewski. **LONGEST DRIVE**—Fred Brown; and **NEAREST PIN ON No. 16**—Don Cameron.

Winners of the shooting events were: **TRAP**—1st, Robert Stamper; 2nd, Byron Nixon; 3rd, Max Salb. **SKEET** winners were: 1st, Robert Stamper; 2nd, Max Salb; 3rd, Mrs. Max Salb.





## Odds and Ends

Taking advantage of misfortune brought lots of attention to the Pfizer booth. Crates with their professional display failed to reach French Lick, so company representatives put up the sign at right . . .



An old trick but always good for laughs . . . Tanya of the comedy dancing team of Tanya and Biagi lands, scantily clad, on the lap of an unsuspecting doctor while her partner stands by angrily.



She was not trying to get into the cakewalking waiters act . . . she just happened to stand up as they passed and this trick photographic shot resulted.



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# 'Dexamyl' quieted the symptoms of premenstrual tension

(from the case records of a Philadelphia general practitioner)

The Patient: 28-year-old housewife  
with no organic disease and  
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Presenting Complaints: Dome-like  
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Diagnosis: Pre-menstrual tension.

Treatment: 'Dexamyl'; one tablet  
b.i.d., for several days before the  
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Results: Symptoms lessened to the  
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# News from the County Societies

Dr. J. C. Katterjohn, Indianapolis, presented a paper on "Breast Cancer" at the meeting of Boone County Medical Society November 5 in Witham Memorial Hospital, Lebanon. Sixteen members attended the evening meeting.

Ten members of **Clay County Medical Society** held a dinner meeting October 22 in the Elks Club in Brazil.

Reports on the action of the House of Delegates at the French Lick convention were given by the delegate, alternate delegate and district councilor. R. J. Amick, field secretary, discussed current programs of the Association headquarters.

**Dubois County Medical Society** and members of the Woman's Auxiliary met for dinner October 24 in the K. of C. Home in Jasper. Mrs. Charles Klammer was in charge of dinner arrangements.

Separate meetings of the two groups were held after dinner.

Society members had a general discussion of the influenza vaccine program. They also heard their delegate's report on the annual I.S.M.A. convention and a report by the field secretary on I.S.M.A. activities.

At the Auxiliary meeting Mrs. Ed Ploetner discussed the "Today's Health" project and Mrs. A. B. Scales spoke of the need for funds for medical schools and the role the Auxiliary and medical society should play in the campaign for contributions.

Dr. Anson Hurley, president, was in charge of the October 15 meeting of the **Delaware-Blackford County Medical Society**, which was held following dinner in the Delaware Hotel, Muncie. Forty-two members attended.

A brief talk was made by Dr. A. DeSilva, Brazil, South America, who thanked the society for assistance given him.

Detailed reports were made by Dr. T. R. Owens, chairman of the Tuberculosis Committee, who informed the membership that the Delaware

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# News from County Societies (continued)

County TB Association was operating as an independent organization and would remain a part of the Community Fund program as it had done since 1925. The action was approved by the society.

Dr. Thomas M. Brown, delegate to the Indiana State Medical Association convention at French Lick, presented a report of House of Delegates' action. Pertinent facts disclosed to the membership were: Blue Shield has been requested to issue an increased medical indemnity plan; a Section on Radiology in the State Association was created; and an increase of \$10 per year in membership for active members was voted, the money to be used for the American Medical Education Fund.

Dates for the Medical Forum were announced. The public meetings will be held on the four Wednesday nights in April, 1958.

Following a discussion by Dr. Leland G. Brown of pending Social Security legislation, Dr. Hurley appointed a committee to draw up a resolution to be signed by all interested members. Dr. Brown will serve as chairman with Drs. Lall

G. Montgomery and Clyde Botkin the other members.

The president also appointed a nominating committee for the November election of officers with Dr. Tom Botkin, chairman, and Drs. Robert Clark and George Parks.

Dr. Philip Ball expressed the gratitude of his father, Dr. Clay Ball, to the Society for its efforts in having him elected "Physician of the Year."

Six new members were welcomed following second reading and unanimous election. They are: Drs. Robert Hall, Lawrence Benken, Byron Park, Charles Hearne, Herbert Ware, and Alvin Crawford.

The **Floyd County Medical Society** met jointly with the Floyd County Bar Association in the New Albany Country Club on October 11. Twenty-three members of the society attended. A film, "The Doctor as a Witness," was shown following dinner.

On November 8 the Floyd County Medical Society and the Floyd County Dental Associa-

*Continued*

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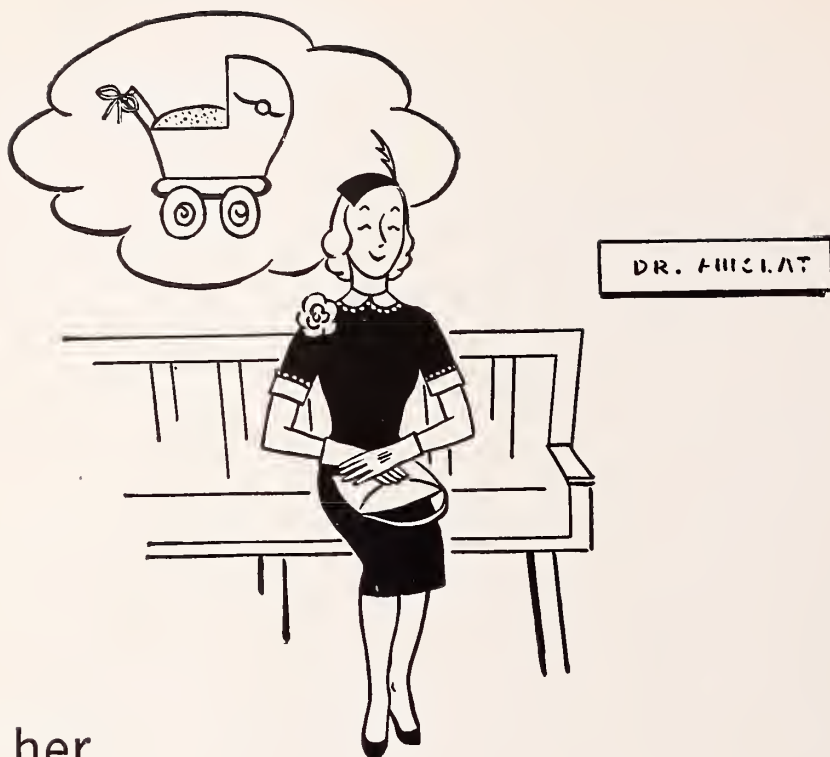
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1. Hodges, F. T.: GP, 14:86, Nov., 1956.  
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# News from County Societies (continued)

tion met together in the New Albany Country Club with 39 members present.

James Skaggs, D.D.S., spoke on "Oral Pathology."

At a short business meeting officers for the coming year were nominated.

Blue Shield entertained members of **Fountain-Warren County Medical Society** November 7 in the Attica Hotel. Eight members and their wives; Dr. Raymond Calvert, Lafayette, director of Blue Shield; L. E. Converse, director of physician relations for Blue Shield; and Mr. Bridgeford, Blue Cross representative, attended.

Following dinner Dr. Calvert and Mr. Converse discussed "Problems Facing Blue Cross-Blue Shield and the Doctor" which they illustrated with slides.

The next meeting of the society was scheduled for December 5 when Dr. and Mrs. Theodore C. Person and Dr. and Mrs. Max N. Hoffman were to entertain members and their wives in the Persons' home in Veedersburg.

Dr. Charles M. Sinn, Evansville, was the guest speaker at the **Gibson County Medical Society** meeting in the Emerson Hotel, Princeton, on November 13. He presented a paper on "Common Gastroenterological Problems." Ten members and seven guests were present for the dinner meeting. The December meeting of the society was to be a joint session with the Gibson County Hospital staff.

Dr. W. D. Province, Franklin, was guest speaker on October 15 at a combined meeting of **Hamilton County Medical Society** and the Hamilton County Tuberculosis Association. He spoke on the role of the family physician in the detection and treatment of tuberculosis.

A feature of the meeting was the presentation of special x-ray equipment to the Hamilton County Hospital by the TB Association. The equipment provides for chest x-ray as part of routine hospital admission.

"Needs and Indications for Cardiac Catheterization" was the topic discussed by Dr. Paul Shim at the **LaPorte County Medical Society** dinner meeting in the Spaulding Hotel, Michigan City, on October 15. Twenty-two members were present.

A pledge of \$400 was made by the society to support the Area Science Fair for 1958.

The executive committee of the society met October 1 in the home of the president, Dr. A. C. Predd.

Announcement was made that Dr. David P. Morton, superintendent of Beatty Memorial Hospital, had been approved as a transfer member from Philadelphia County Medical Society.

Twenty-three members of **Montgomery County Medical Society** held a business meeting October 17 in Culver Union Hospital, Crawfordsville.

"The Doctor as a Medical Witness" was viewed by 35 physicians and 34 attorneys who attended the October 24 meeting of the **Owen-Monroe County Medical Society** in the Bloomington Country Club.

The Medical Society invited the Bar Association

*Continued*



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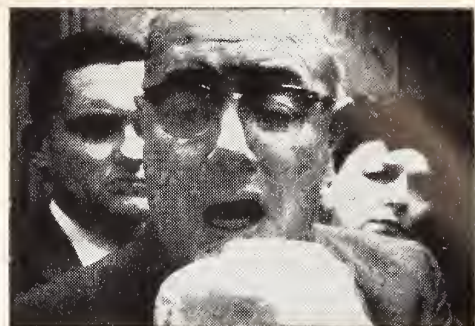
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## News from County Societies (continued)

tion to be their guests at a social hour and dinner and to view the film. In addition to the official invitation each doctor was responsible for personally inviting and bringing to the meeting the attorney of his choice. The meeting, which was highly successful, was planned as a means of improving interprofessional relations and better understanding of mutual problems of the medical and legal professions.

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Because only seven members of **Parke-Ver-million County Medical Society** attended the October 23 dinner meeting no business was transacted because of lack of a quorum. A report of activities at the state level was made by R. J. Amick, field secretary, and a general discussion followed. The meeting was held in the Vermillion County Hospital at Clinton.

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The October 29 meeting of **Spencer County Medical Society** was cancelled because of the prevalence of influenza in the area. The meeting had been scheduled for Rockport.

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Dr. Paul Dudley White, eminent Boston cardiologist who attended President Eisenhower at the time of his coronary attack two years ago, was the guest speaker at the meeting of **Indianapolis (Marion County) Medical Society** on October 28. The meeting was held in the Empire Auditorium on North Meridian Street.

Dr. White appeared in Indianapolis under the sponsorship of the Marion County Heart Committee of the Indiana Heart Foundation and was entertained at dinner by that group in the Indianapolis Athletic Club preceding the meeting.

Dr. White spoke on "Current Thoughts About Coronary Heart Disease" following his introduction by Dr. Carl Martz. Recipient of many awards for his work in the field of cardiology, Dr. White reaffirmed his earlier statement that Americans are "in danger of becoming a nation of softies" because of the sedentary lives led by a majority of the citizens. In his constant drive for more funds for research, he has said he believes doctors will be able to select likely candidates for heart attacks and give them positive advice on how to prevent them within the next five years if there is no let-up in research.

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The speaker was in Indianapolis en route to the meeting of the American Heart Association of which he is a past president.

Dr. James M. Leffel, president of the society, presided. On behalf of Dr. D. S. Megenhardt, chairman of the Indianapolis delegation to the ISMA convention, he announced a meeting of delegates and alternates to be held in the auditorium immediately following the meeting.

Dr. Lester D. Bibler reminded members of the observance of Veterans' Day on November 11 and asked cooperation in the display of the colors.

On November 12 the **Indianapolis Medical Society** met again in the Empire Auditorium with Dr. Leffel presiding.

The following 29 physicians were elected to membership: Drs. Donald L. Fields, Betty Jean Foust, Jean Potter Faint, J. C. Espino, Fred W. Dierdorf, James J. Dluzansky, Ansel W. Schmalhausen, William E. Stansbury, Guy Waldo, George E. Coade, J. Robert Coughenour, David G. Cross, Kenneth G. Lansford, M. Mendel Bocknek, Nancy A. Roeske, James D. Reid, Dean H. Morrow, Michael W. Ormiston, J. Rheal Michaud, William G. Moore, Evanson B. Earp, C. Klaine Lane, Donald C. McCallum, Harold L. Miller, I. C. Hernandez, Paul S. Lewis, John M. McKain, A. A. Marquinez, and A. R. Lasich.

Resolutions memorializing Drs. Harry Weil, William M. Kelly, John Boaz, J. L. Jackson, and J. William Wright were read by Dr. I. J. Kwitny, Dr. O. N. Olvey and Dr. Karl Ruddell. Copies of the resolutions were included in the official minutes and sent to the families.

Dr. Kenneth G. Kohlstaedt, program chairman, introduced the two guest speakers, Dr. Ronald Lamont-Havers, associate medical director of the Arthritis and Rheumatism Foundation, who discussed activities of that organization, and Dr. Russell Cecil, medical director of the Foundation, who spoke on treatment of arthritis and rheumatism.

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Ten members of **Wabash County Medical Society** attended a business meeting which was held in the Wabash County Hospital Nurses' Home on November 6.



The JOURNAL  
of the  
INDIANA STATE MEDICAL ASSOCIATION

DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION OF INDIANA

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# ISMA Conference on Athletic Injuries

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Speaking directly to the high school coaches, he told them, "It is the secondary school coach who has the responsibility for not only developing good material for college athletics—and with the increasing enrollments for our schools of higher learning, you have an additional responsibility—and that is to develop youth well rounded in health, science and education that they may qualify for the higher standards which are bound to come. You are the trustees of American Youth. The years you have with these boys are most important in building the men of tomorrow. This is your challenge and one which I know you will not fail."

Robert Brown, president of the Indiana High School Coaches Association, presided at the evening program.

In commenting on the entire program, Commissioner L. V. Phillips, Indiana High School Athletic Association, said, "In judging the success of any meeting it is by the

attention the people present give the speakers and if they remain in their seats until the program is over. Using this as a measuring stick, this has been a tremendous meeting and a tremendous program. You could not have helped but benefit by this program. We owe the medical profession of Indiana a rousing expression of thanks."

Questionnaires turned in after the meeting by the coaches indicated enthusiasm for the type program which they had enjoyed, requested other meetings of similar plan, and were interested in obtaining tape recordings of the talks for later use.

He went to his physician to get a prescription for sleeping pills, only to find he was allergic to sedatives. "What about some of this twilight sleep I've heard about?" he asked.

"That's only for labor," his doctor replied. "Good heavens!" exclaimed the patient, "haven't you got anything for management?"

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